



Choosing Wisely.

Five things physicians and patients should question.

1. Don't transfuse more units of blood than absolutely necessary.

Each unit of blood carries risks. A restrictive threshold (7.0 g/dL) should be used for the vast majority of hospitalized, stable patients without evidence of inadequate tissue oxygenation (evidence supports a threshold of 8.0g/dL in patients with pre-existing cardiovascular disease). Transfusion decisions should be influenced by symptoms and hemoglobin concentration. Single unit red cell transfusions should be the standard for non-bleeding, hospitalized patients. Additional units should only be prescribed after re-assessment of the patient and their hemoglobin value.

2. Don't transfuse red cells for iron deficiency without hemodynamic instability.

Blood transfusion has become a routine medical response, despite cheaper and safer alternatives in some settings. Preoperative patients with iron deficiency and patients with chronic iron deficiency without hemodynamic instability (even with low hemoglobin levels) should be given oral and/or intravenous iron.

3. Don't routinely use blood products to reverse warfarin.

Patients requiring reversal of warfarin can often be reversed with vitamin K alone. Prothrombin complex concentrates or plasma should only be used for patients with serious bleeding or requiring emergency surgery.

4. Don't perform serial blood counts on clinically stable patients.

Transfusion of red blood cells or platelets should be based on the first laboratory value of the day, unless the patient is bleeding or otherwise unstable. Multiple blood draws to recheck whether a patient's parameter has fallen below the transfusion threshold (or unnecessary blood draws for other laboratory tests) can lead to excessive phlebotomy and unnecessary transfusions.

5. Don't transfuse O negative blood, except to O negative patients, and in emergencies for women of child-bearing potential with unknown blood group.

O negative blood units are in chronic short supply, due in part to overutilization for patients who are not O negative. O negative red blood cells should be restricted to: (1) O negative patients; or (2) women of child-bearing potential with unknown blood group who require emergency transfusion before blood group testing can be performed.

Source: Choosing Wisely campaign, an initiative of the ABIM Foundation. The mission of the ABIM Foundation is to advance medical professionalism to improve the healthcare system.

It's how we treat people.