**PANDEMIC PREPAREDNESS**

**Blood shortages during COVID-19: YOU can make a difference**

| #1 Follow red blood cell guidelines | For non-bleeding, asymptomatic patients:  
| | • Transfuse 1 unit at a time with ongoing reassessment  
| | • Blood is rarely needed when hemoglobin is > 70g/L  
| | • Do not transfuse RBCs for iron deficiency  

| #2 Follow platelet guidelines | • Prophylactic platelet transfusion generally not required when platelets ≥ 10 x 10⁹  
| | • Therapeutic platelet transfusion: varies with indication. Follow published guidelines -  
| | [Transfusion Medicine – Medical Policy Manual: 5.2 Transfusion of Platelets to Adults](#)  

| #3 Carefully consider frozen plasma (FP) | • FP does not improve mildly elevated INRs (< 1.8) and is not indicated.  
| | • Correction of mildly elevated INRs or PTTs before most procedures is not recommended¹.  
| | • Non-bleeding patients with cirrhosis or end-stage liver disease rarely need FP (including pre-procedure).  
| | • Use PCCs only for reversal of warfarin only when clinically indicated (bleeding or prior to high blood loss emergency procedure).  
| | [Vitamin K (regional guideline and PPO)](#)  

| #4 Avoid iatrogenic anemia | Don’t perform laboratory blood testing unless clinically indicated or necessary for diagnosis or management.  

| #5 TXA for Hemorrhage Control | Use tranexamic acid (TXA) early for trauma, TBI, orthopedic, spine and cardiac surgery, and obstetrical hemorrhage  

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1. Choosing Wisely Recommendations - [Transfusion Medicine](#)  
2. Blood Easy 4 [guide](#)  
3. Society of Interventional Radiology Consensus Guidelines for the [Periprocedural Management of Thrombotic and Bleeding Risk in Patients Undergoing Percutaneous Image-Guided Interventions](#).