








Single unit blood transfusions reduce the risk of adverse reactions




Don't give unit two without review

Before you transfuse your patient:

-  Does their current haemoglobin level indicate a need for transfusion?
-  Do they have symptoms of anaemia?
-  What is their target haemoglobin level and would this be achieved by transfusing one unit?
-  Only request one unit at a time for stable non-bleeding patients
-  Document the reason for the transfusion

Each unit transfused is an independent clinical decision

Clinically re-assess your patient after each unit is transfused:

-  Do they still have symptoms of anaemia?
-  Are there any signs or symptoms of a transfusion reaction?
-  Is further transfusion appropriate? Re-check haemoglobin level

References:

1. Robinson, S. et al. on behalf of the British Society for Haematology (BSH) (2017) The administration of blood components
2. National Institute for Health and Care Excellence (2015) Blood transfusion. NICE guideline (NG24)



Indication codes for the use of red cells in adults (NBTC 2020)