

PANDEMIC PREPAREDNESS

Blood Management 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 >70 g/L**
- Do not transfuse RBCs for iron deficiency



www.SaskBlood.ca

[SK Transfusion Best Practice Recommendations](#)

2 Follow platelet guidelines

- *Prophylactic* platelet transfusion generally not required when platelets $\geq 10 \times 10^9$



[SK Transfusion Best Practice Recommendations](#)

3 Carefully consider frozen plasma (FP)

- FP does not improved mildly elevated INRs (<1.8) and is not indicated¹
- Correction of mildly elevated INRs or PTTs before most procedures is not recommended²
- 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)



[SK Prothrombin Complex Concentrate \(PCC\) Dosing Recommendations for Emergent Warfarin Reversal](#)

4 Do you need that blood test?

- Don't perform laboratory blood testing unless clinically indicated or necessary to diagnosis or management in order to avoid iatrogenic anemia

5 TXA for hemorrhage control

- Use tranexamic acid (TXA) early for trauma, traumatic brain injury, orthopedic, spine and cardiac surgery and obstetrical hemorrhage

If you feel well, please donate blood: www.blood.ca

1. Blood Easy 4 [Guide](#)

2. Choosing Wisely Canada Recommendations - [Transfusion Medicine](#)