

KEY ACTIONS for health service organisations and accrediting agencies

Implementing a Single Unit Blood Transfusion Policy

Introduction

The aim of this fact sheet is to align clinical practice with the National Safety and Quality Health Service (NSQHS) Blood Management Standard and national Patient Blood Management (PBM) Guidelines for single unit transfusion.

The [NSQHS Blood Management Standard](#) requires compliance to the [PBM Guidelines](#).¹

The Blood Management Standard aims to improve outcomes for patients by using strategies that optimise and conserve their own blood, as well as ensuring that any blood and blood products that patients receive are safe and appropriate.

Scope

Single unit transfusion practice applies to adult, haemodynamically stable and non-transfusion dependant patients.

Although blood and blood products remain a critical element of clinical practice, there is increasing evidence that transfusion of blood from another person pose risks to patients. A proportion of transfusions are unnecessary or could be avoided.

Transfusions of another person's blood can be associated with adverse patient outcomes, and can lead to increased morbidity, delayed recovery, extended hospital stays or mortality.

Where transfusion is required, clinicians should use only the minimum number of units to provide a therapeutic effect.

References

1. Adapted from the International Society for Blood Transfusion (ISBT) www.isbtweb.org/working-parties/clinical-transfusion/6-single-unit-transfusion/
2. Single Unit Transfusion Decision Support Tool www.blood.gov.au/single-unit-transfusion
3. Three Pillars of Patient Blood Management. www.blood.gov.au/patient-blood-management-pbm

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Definition of Single Unit Transfusion

Single-unit transfusion refers to a standard dosing of one unit of red blood cells (RBC), followed by an assessment of the patient's signs and symptoms to determine whether additional units are indicated.^{1,2} The patient's anaemia should be managed in line with PBM Guidelines. Transfusion should not be the default option. Transfusing a patient should be a decision that takes into consideration the risks, clinical need and patient preferences.

When clinicians are making decisions about transfusion, they should:

- Use evidence-based blood management strategies
- Balance evidence of efficacy and improved clinical outcome against potential risks
- Align practice with patient values and choices.

NSQHS Standards Actions

A policy for **Single Unit Blood Transfusion** will assist health service organisations meet actions in the Blood Management Standard, including:

- [Action 7.04](#) Optimising and conserving patients' own blood
- [Action 7.05](#) Documenting
- [Action 7.06](#) Prescribing and administering blood and blood products.

Questions?

For more information, please visit: safetyandquality.gov.au/standards/nsqhs-standards

You can also email the NSQHS Standards Advice Centre at AdviceCentre@safetyandquality.gov.au or call 1800 304 056.





Health service organisation and clinician responsibilities for managing adult acute non-bleeding patients

Health service organisations and clinicians should determine the clinical need for blood and blood products and related risks by:

- ✓ Supporting person-centred care and shared decision making with patients and/or their substitute decision makers to plan and manage episodes of non-acute bleeding.
- ✓ Assessing a patient's anaemia prior to RBC transfusion in line with PBM Guidelines and relevant surgical procedures.
- ✓ Considering if anaemia is related to the patient's current condition and/or is correctable.
- ✓ Assessing the patient for signs or symptoms of anaemia that cannot be explained by another cause, prior to considering a transfusion (such as shortness of breath, fatigue, weakness, postural hypotension, tachycardia and dizziness).
- ✓ Conducting a repeat assessment of the patient prior to **each** RBC unit transfusion to determine if a transfusion is required. Each RBC unit transfused is an independent clinical decision.

Prescribing and administering blood and blood products:

- ✓ Implementing policies and processes that align with the PBM for prescribing of single unit RBC transfusions for adult patients who are not acutely bleeding.
- ✓ Providing clinicians with training on single unit RBC transfusion.
- ✓ Supporting clinicians to implement single unit transfusion practices in the clinical setting.

Documenting and monitoring:

- ✓ Documenting the steps and decisions relating to patient assessment and transfusion.
- ✓ Obtaining informed consent that is timely and in compliance with legislation and best practice, including a discussion with the patient of treatment options and the agreed decision.
- ✓ Documenting transfusion outcomes including the resolution of signs and symptoms of anaemia.
- ✓ Monitoring compliance with processes for documenting informed consent, decision-making processes and the transfusion record.
- ✓ Monitoring compliance with the organisation's single unit RBC transfusion policy and report to relevant governance committees and the workforce on variation from policy and outcomes.

Assessor responsibilities for reviewing blood management systems

The clinical need for blood and blood products, and related risks by asking if:

- ✓ Processes support person-centered care and shared decision making.
- ✓ Members of the workforce are supported to partner with patients or substitute decision makers to manage and plan for an episode of non-acute bleeding.
- ✓ Informed consent is validly obtained and appropriately timed and is in compliance with legislation and best practice.
- ✓ Members of the workforce are aware of and are following the organisation's processes to assess anaemia prior to RBC transfusion.
- ✓ There is evidence the plan of care has been developed with the patient and communicated with the clinical team.
- ✓ There are systems in place to apply the three pillars of the PBM, that is optimise the patient's own blood, minimise blood loss and manage anemia.³

Prescribing and administering blood and blood products, by asking if:

- ✓ There is a policy for Single Unit Blood Transfusion that governs prescribing and administration.
- ✓ The health service organisation provide access to education for prescribers on single unit blood transfusion.
- ✓ There are processes for monitoring single unit transfusion practice.
- ✓ There is evidence of feedback to prescribers as part of ongoing safety and quality systems.

Documenting and monitoring, by asking if:

- ✓ The blood management and transfusion decisions are accurately documented, including patient assessment, treatment options and goals of care. This should include information beyond just haemoglobin as a reason for transfusion.
- ✓ The organisation's quality improvement system is used to:
 - Monitor compliance with published policies and procedures for prescribing and administering blood and blood products.
 - Identify and prioritise system improvements and report outcomes to members of the workforce and consumers.