



Red Cell Transfusion Indications

Obtain and document informed consent

Affix in medical record

Indications: Hb..... g/L Reason(s).....

Tick all boxes that apply (including multiple under each heading if they apply)

Bleeding (✓):

- Critical bleeding
- Acute
- Anticipated
- Ongoing
- PPH
- GI
- Surgical
- None
- Other

Patient/symptoms (✓):

- Haemodynamically unstable
- Stable
- Chronically transfused
- Cardiac failure
- Dyspnoea
- Dizziness
- Fatigue
- Ischaemia chest pain
- Other

Ischaemia (✓):

- Acute coronary syndrome
- Acute CVA or TIA
- PHx IHD
- PHx CVA or TIA
- None
- Other (comment)
-
-

Written patient information provided*

MO name..... **Sign**..... **Pager**..... **Date**/..../.... **Time** ..:..

Designation.....

In stable, normovolaemic adult inpatients WITHOUT clinically significant bleeding, transfuse 1 unit then reassess.
In patients with iron deficiency anaemia, iron therapy is required even if transfusion is needed.

Refer to intranet for Health Service critical bleeding protocols, links to national transfusion guidelines and BloodSafe consumer* and clinical resources.