

Patient Blood Management of Anaemia Prior to Elective Surgery - Summary Clinical Guideline

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1. Introduction

Patient Blood Management is a multidisciplinary, evidence-based approach to optimising the care of patients in order to avoid, or minimise the need, for allogeneic blood transfusion.

Anaemic patients are at increased risk of transfusion, mortality and major morbidity, in proportion to the severity of anaemia. Even mild anaemia increases relative mortality risk by a third.

Pre-operative anaemia is common and prevalence varies from 5-75% depending on the population studied and the surgical procedure. Transfusion increases the risk of peri-operative mortality and major morbidity in a dose-dependent fashion.

Pre-operative anaemia substantially increases health care costs with significant additional cost incurred out of hospital. Anaemia further predisposes patients to requiring allogeneic blood transfusion, thereby increasing the burden on blood donors and donor services. It is now a NICE standard that patients undergoing elective surgery with an expected blood loss of 500ml or more (or 10% transfusion risk) are screened for anaemia and treated appropriately.

The World Health Organisation (WHO) has defined anaemia as:

Hb < 130 g/L for men

Hb < 120 g/L for women

2. Aim and Purpose

To identify and optimise all patients with anaemia prior to elective surgery, where the expected blood loss is 500ml or more (or 10% transfusion risk) to minimise the risk of requiring an allogeneic blood transfusion and improve patient outcomes.

To provide health care professionals with clear and simple recommendations for the management of anaemia prior to surgery.

To reduce blood usage in adult elective surgery.

3. Roles, Responsibilities and Accountabilities

The patient should be assessed by the pre-op nursing team and /or a consultant anaesthetist. The pre-op nurse is responsible for checking the blood results (if not done earlier eg at listing) and drawing to the attention of the parent team and/or a consultant anaesthetist the presence of anaemia and instigating appropriate therapy.

Please note, the administration of IV Iron will take place on EPU (ward 202). Senior nurses on EPU who have been trained in IV Iron therapy will admit the patient, administer the iron and discharge the patient. The IV iron prescription form can be accessed on Flo and needs to be completed and sent to EPU in order for them to organise admission.

Pathway for Investigation of Pre-OP Anaemia

