

# Important CMH Information



## Blood Usage Protocol

A message to CMH medical and nursing staff from John Alexander, MD, MHCM, FACEP, Chief Medical Officer, CMH

COVID-19 is expected to have a significant impact on our blood supply locally and nationally. Given the current pandemic and social distancing directives, blood collections nationwide have dropped precipitously and there is significant increasing concern about the ability of our hospitals to meet urgent, critical, life-saving transfusion needs in the very near future. In response, blood suppliers are minimizing inventory at most hospital sites, so as to make blood available for patients with critical needs at any individual site.

Together we must contribute to the preservation of the community blood supply by minimizing the use of blood components when allowable and following established transfusion criteria. Our Transfusion Service technical staff will prospectively review each blood product order relative to transfusion criteria and number of units ordered. All cases not meeting routine criteria and/or requests for multiple units will be referred to Dr. Allan Smith, III, our Medical Director, for additional review and follow up prior to the release of blood components. In today's environment, our current transfusion criteria likely need to be lowered even further, so we will be working on developing updated recommendations.

To help make sure that no product expires, our Transfusion Service has already started a daily communication with other Maine hospitals to move short-dating blood around the state to optimize the use of this precious resource. If you would like transfusion consultative support or you have further questions, please reach out to the Blood Bank or Dr. Smith. Our primary blood supplier, Bloodworks Northwest, also has physician consultation available by calling 206-689-6525.

### Central Maine Healthcare Transfusion Guidelines

#### RBC Transfusion Criteria

Indications for Not Actively Bleeding:

- Pre Op Hgb <7 / Hct <21 when alternate therapy is not available
- Post Op Hgb <7 / Hct <21 + signs/symptoms of anemia
- Hgb <7 / Hct <21 without expected response to medical therapy + signs/symptoms of anemia
- Acute MI or unstable angina with Hgb <9 gm/dl + clinical evidence of ischemia
- Hgb <8 gm/dl in patient receiving chemotherapy or radiotherapy
- Chronic transfusion regimen for thalassemia, myelodysplasia, or other red cell disorder

### Indications for Actively Bleeding:

- Acute Blood Loss >25% of blood volume unresponsive to fluid resuscitation
- Acute Blood Loss + Hgb <9 + moderate to severe cardiovascular disease
- Hgb fall of 2 gm/dl within 24 hours + Hgb <8 / Hct < 24 + Signs/Symptoms of anemia

### Plasma Transfusion

- Emergent Reversal of Coumadin
- INR  $\geq$  1.5x Midpoint range (INR >2.25)
- Massive Blood Transfusion (>10 Units/12 Hours)
- PTT  $\geq$ 1.5x Midpoint Range (PT >46 sec)
- Replacement fluid for Therapeutic Plasmapheresis

### Platelet Transfusion Criteria

- Plt count <10,000
- Plt count <50,000; Patient Bleeding

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