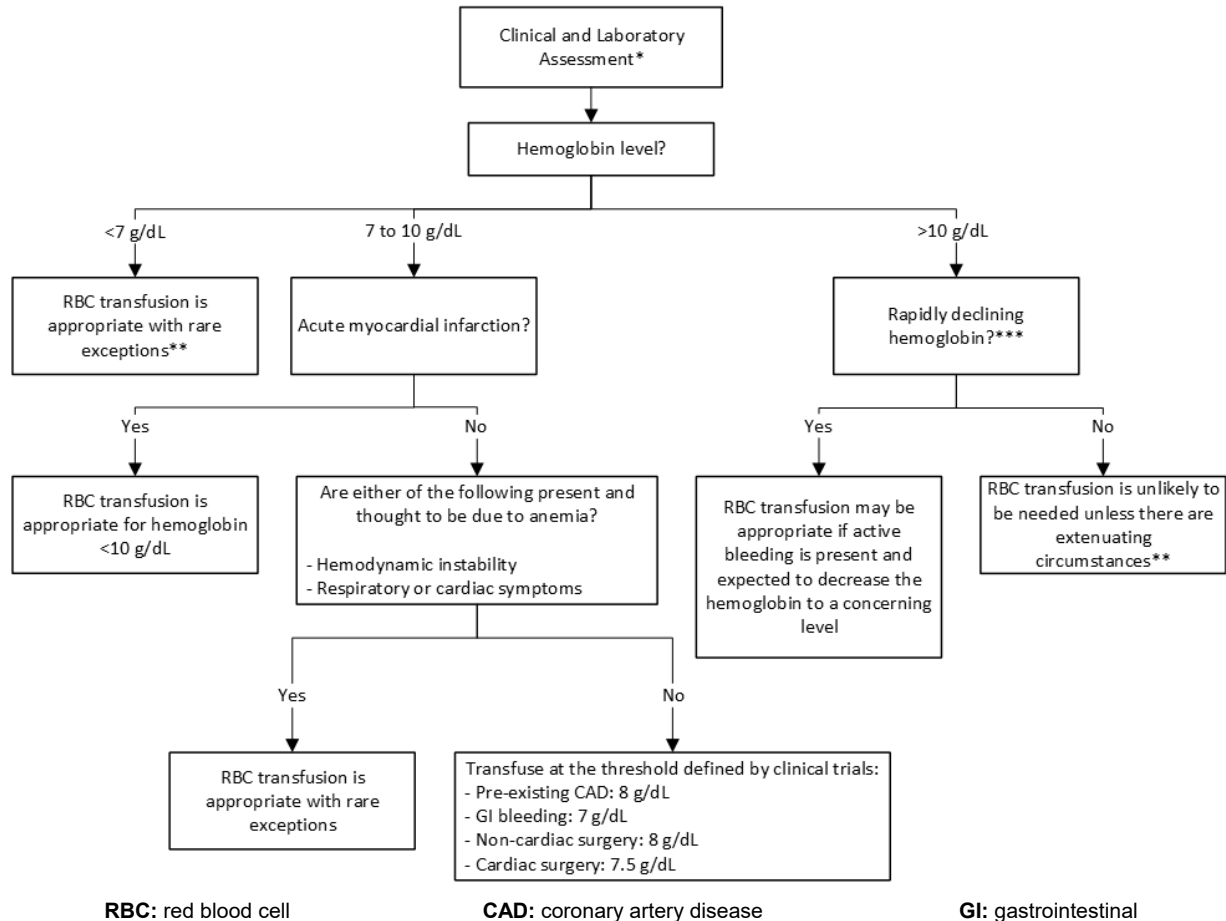


TRANSFUSION CRITERIA GUIDELINES

The decision to transfuse always incorporates an assessment by the clinician caring for the patient. Thresholds included here are based on data from clinical trials (see References section in SOP-01879).

This algorithm **does not** apply to individuals with hemoglobinopathies (e.g., sickle cell disease, transfusion-dependent thalassemia) or to organ donors from OneLegacy.



* Clinical and laboratory assessment includes:

- Symptoms (and whether attributable to anemia)
- Clinical status (vital signs, signs of hemodynamic instability, cardiac and respiratory examination)
- Underlying comorbidities
- Hemoglobin level
- Rate of hemoglobin decline and cause (active bleeding versus ongoing hemolysis versus decreased RBC production)

** Rarely, an individual with hemoglobin below an accepted threshold may decline transfusion (Jehovah's Witness, healthy young adult); it is important that they understand the risks and alternatives. Rarely, an individual with hemoglobin above 10 g/dL may warrant transfusion, such as if there are clear symptoms attributable to anemia and the cause of anemia cannot otherwise be rapidly treated.

*** Rapidly declining hemoglobin includes rapid bleeding associated with hemodynamic instability or a fall in hemoglobin of ≥ 2 g/dL per day.