

Project 'Life'

A Temple of Humanitarian Services
Since - 1978



Life Blood Centre

A Centre for Excellence in Transfusion Medicine



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Patient Blood Management (PBM)

This stuff that we gave so freely for so long, actually has a significant side effect profile!

“At what point are we doing more harm than good?” And we think we’re really exploring those areas in our patient blood management programs in ways that we didn’t before.

SABM, the Society for the Advancement of Blood Management, divides PBM into three basic categories.

- 1) Appropriate transfusion practices
- 2) Anemia and hemostasis management
- 3) Blood conservation

Important is to develop a blood order set.

Two ordering pathways. One, for the hemodynamically stable patient who’s anemic and the hemodynamically unstable patient, because those are two very different clinical situations. Massive transfusions or obstetrical hemorrhages and so forth, when red is coming out, put red back in. We got to have some yellow in there, to add some platelets or plasma or CRYO. It would prevent over utilisation of red cells and underutilisation of the plasma based products.

Clinical situation based order sets.

How many units do you want? What special needs do you require? What’s the reason? If it’s significant active bleeding? Is the hemoglobin <7 or is the hemoglobin <8?

The right amount, not anymore but not any less than a patient might need.

Critical values are really important. Critical value down to, first we got it to 7 and

eventually we got it to 6.5 gm/dl was really, really important. It requires immediate intervention and if something doesn’t happen within an hour, that there will be significant morbidity or mortality. 6.5 is not a hemoglobin one would consider particularly life threatening for a patient with anemia. On the other hand, a hemoglobin of 10, if the last haemoglobin for a patient was 10 but they have three buckets of blood on the floor, that may not at all represent what’s going on with that patient clinically. So, the critical value is one piece of information, but it’s only ONE piece of information. It can be very important but it always has to be taken into clinical context.

Could you check a level in between? Could you check a hemoglobin in between and or if it’s a platelet dose, could you check a platelet count in between your two unit or three unit order? One at a time v/s two at a time.

We could retest the haemoglobin in between units within about 15 min of completing first blood transfusion, provided the patient is not actively bleeding or consuming product internally.

We should also take into account the identification of preoperative, pre-elective surgery anemia in a population, an older population that is probably prone to iron deficiency anemia or anemia of chronic disease.

The philosophy of patient blood management is “THE RIGHT PRODUCT, AT THE RIGHT DOSE, AT THE RIGHT TIME”. This really is about patient safety. That’s the whole goal; to get better outcomes for our patients.

Do join us on 12th June, 2022 for ISBT Symposium on Patient Blood Management.

NAT & X-Ray Irradiated Blood Units Available at Life Blood Centre.



International Society
of Blood Transfusion

Life Blood Centre
Committed to Care

(Formerly known as Rajkot Voluntary Blood Bank & Research Centre)
(NABH Accredited Regional Blood Transfusion Centre)

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