

What you need to know about patient blood management

Helping your blood work for you

Patient blood management (PBM) is a new standard of care. Standards of care ensure that everyone receives safe, high-quality and evidence-based treatment.

PBM focuses on **actions to reduce or avoid the need for a blood transfusion**.

If you need a transfusion, your doctor should make sure you only receive what you really need, and that the transfusion is given safely.

PBM is best practice

Research shows PBM **improves patient outcomes**, including:

- fewer complications
- faster recovery
- less time in hospital.

PBM **reduces**:

- the need for a blood transfusion, as other treatments may be more suitable
- the risks related to blood transfusion
- healthcare costs.

PBM requires a team approach involving you, your carers, treating doctors, nurses and pathology staff.

PBM focuses on three main areas

Identify and manage anaemia

Are your haemoglobin (Hb) and iron at normal levels?

- Anaemia (low Hb) is common – 30 per cent of patients going to surgery have anaemia.
- Anaemia and low iron levels can increase your chances of needing a blood transfusion and other complications.
- If your Hb or iron levels are low, you may need to take iron tablets or have an iron infusion.
- For best results, anaemia or iron treatment should start four to six weeks before you have surgery. If your surgery is more urgent, you may need an iron infusion.
- You may need further tests if there is no obvious reason for your anaemia or low iron levels.

Minimise the risk of bleeding

- Tell your doctor if you are taking any tablets that may affect clotting or platelets such as warfarin or aspirin. You should also tell your doctor about any over-the-counter medications and natural/herbal medicines you are taking, as some can also affect clotting.
- If your doctor wants you to have a blood test, ask if the test is really needed. Taking less blood for tests can reduce the amount of blood lost and can help reduce the need for a blood transfusion.
- During surgery, your doctors have ways to reduce bleeding. Collecting and giving you back the blood you lose during surgery, as well as blood pressure control and keeping you warm can all reduce the need for a blood transfusion.
- Some medications, such as tranexamic acid, can be used to treat or reduce excessive bleeding during surgery.

Tolerating anaemia (low Hb)

- After surgery, you will be carefully monitored to check for and stop any bleeding.
- You may still need a blood transfusion if you have signs and symptoms of anaemia or significant bleeding. Before having a blood transfusion, the doctor will assess your condition. You should only receive a blood transfusion if the risk of the transfusion is less than the risk of you becoming unwell due to anaemia.
- If you need a blood transfusion, the doctor should only order one unit of blood, and assess your condition again to see if you need any more. This may mean having another blood test and being examined by the doctor.

Find out more

Your doctor can tell you more about how PBM practices can help to reduce or prevent you needing a blood transfusion.

You can also find out more about transfusions on the Australian Red Cross Lifeblood's Mytransfusion website <<https://mytransfusion.com.au/avoid-transfusion-1>>.

The National Blood Authority (NBA) website has more information and videos <<https://www.blood.gov.au/patients>>.

References

Australian Commission on Safety and Quality in Health Care 20190, 'What is patient blood management?', <<https://www.safetyandquality.gov.au/national-priorities/pbm-collaborative/what-is-patient-blood-management#:~:text=PBM%20views%20a%20patient%27s%20own,of%20all%20other%20body%20systems>>.

Australian Red Cross Lifeblood 2019, 'PBM overview', <<https://transfusion.com.au/node/2364>>.

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Available on the Blood Matters website

<<https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/speciality-diagnostics-therapeutics/blood-matters>>

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