Outpatient Blood Transfusions Guidelines:

- Restrictive strategies are included in the blood utilization program and are recommended for the outpatient setting; medical oversight of the program is provided by the blood usage committee.

- Restrictive strategies include: considering alternative therapies to RBC transfusions; avoid making transfusion decisions based on isolated Hgb values in the asymptomatic patient; base transfusion decisions on signs & symptoms and not just Hgb alone; transfuse 1 unit followed by monitoring.

- Best practice guidelines recommend transfusing asymptomatic oncology patients to maintain a Hgb between 7-9g/dl; and strongly recommends against transfusing asymptomatic hemodynamically stable adults with Hgb >8.

- Avoid typing and transfusing on the same day to allow the transfusion to be completed by 8 pm; if an unscheduled transfusion is indicated, to expedite the process, orders must be received within 1 hour of referral; current labs are required at the time of transfusion.

- In order to accommodate 2 unit transfusions for asymptomatic patients, it is preferable to divide the 2 units into 2 separate days.

- Intravenous Nursing Society recommends that no more than 2 units of blood may be transfused in a 24-hour period for non-bleeding patients.

- Standardized order sets for blood transfusions will be located on the internet in the near future: [www.unitypoint.org/quadcities/infusion-center.aspx](http://www.unitypoint.org/quadcities/infusion-center.aspx) and are to be utilized for all blood transfusions.

Following the above guidelines will allow the best practice of providing all outpatient transfusions to be given in the Infusion center and avoid overflow into the inpatient areas.