Red Blood Cell transfusion is indicated for the treatment of symptomatic anemia. For non-bleeding **HOSPITALIZED** adult patients, a single unit transfusion is recommended. Prior to second unit, evaluation of symptoms and repeat Hgb is used to determine appropriateness. **All outpatients are excluded** from these guidelines.

- **Hgb 81g/L or greater**
  - **STOP**
  - **Do NOT transfuse!**
  - If most recent Hgb is 81g/L or greater, red blood cells will not be issued without approval by Transfusion Medicine physician on-call.

- **Hgb 71-80g/L**
  - **EVALUATE**
  - If most recent Hgb is 71-80g/L, and patient is symptomatic transfuse one unit of red blood cells. Consider non-transfusion alternatives for asymptomatic anemia.

- **Hgb 70g/L or less**
  - **GO**
  - If most recent Hgb is 70g/L or less, transfuse one unit of red blood cells.

Risks of transfusion include:
- Transfusion-associated circulatory overload (TACO) 1 in 700 units issued
- Transfusion-related acute lung injury (TRALI) 1 in 5,000
- Hemolytic transfusion reaction 1 in 40,000
  - Death 1 in 117,000
  - Septic reaction 1 in 500,000

Transfusion Medicine physician is available through hospital paging 204-787-2071 for clinical consultations.