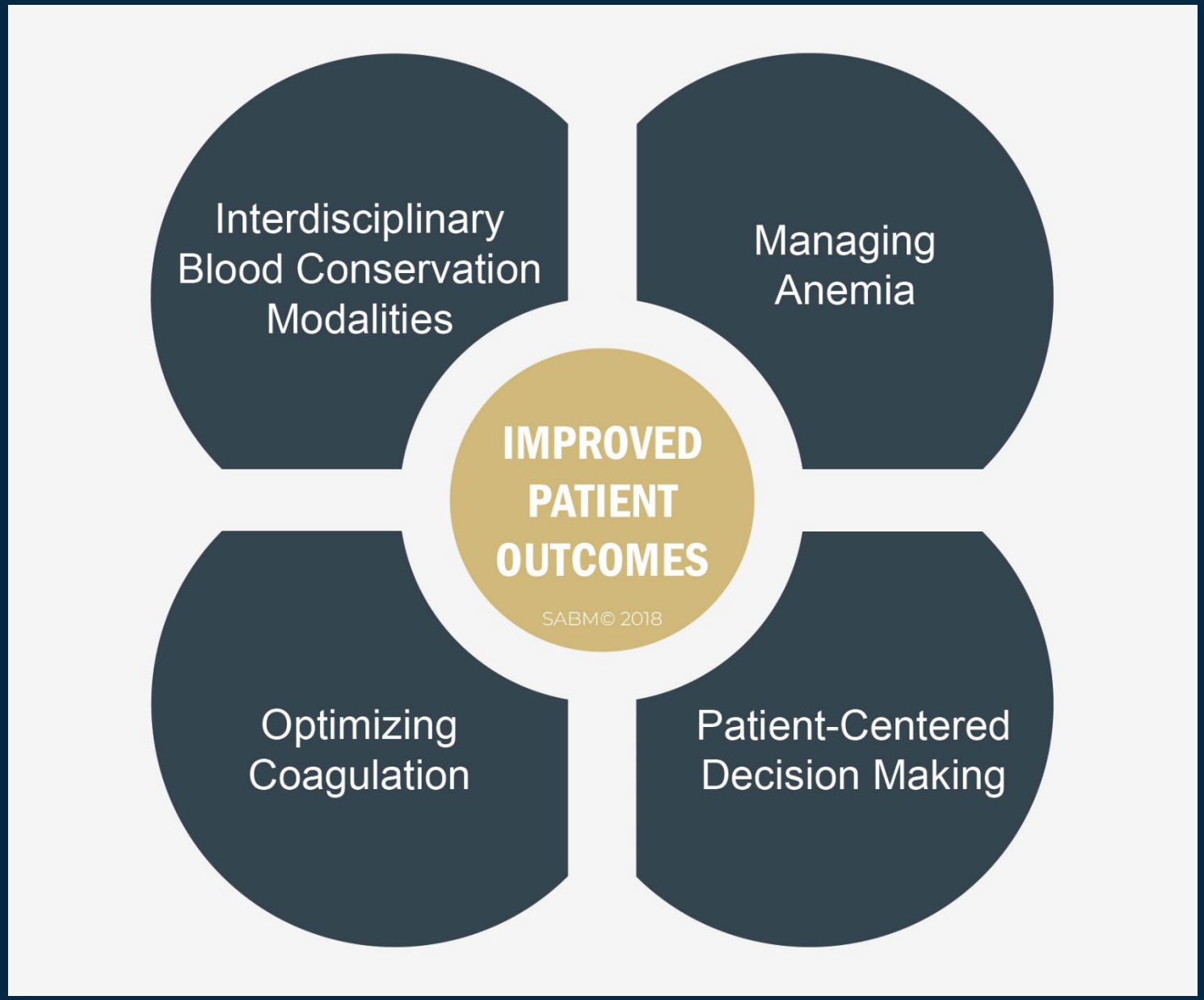
SABM®
SOCIETY FOR THE ADVANCEMENT OF PATIENT BLOOD MANAGEMENT

FOUNDATIONAL PRINCIPLES OF PATIENT BLOOD MANAGEMENT


Interdisciplinary Blood Conservation Modalities
Managing Anemia
IMPROVED PATIENT OUTCOMES
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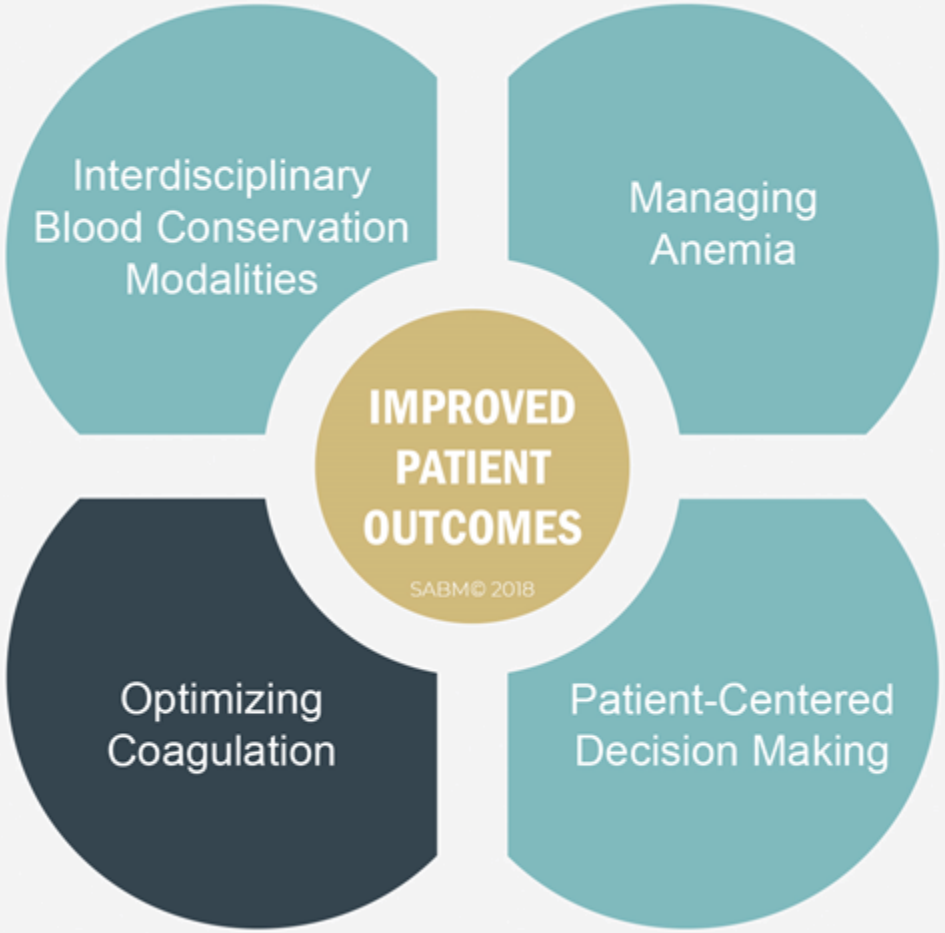
Optimizing Coagulation
Patient-Centered Decision Making



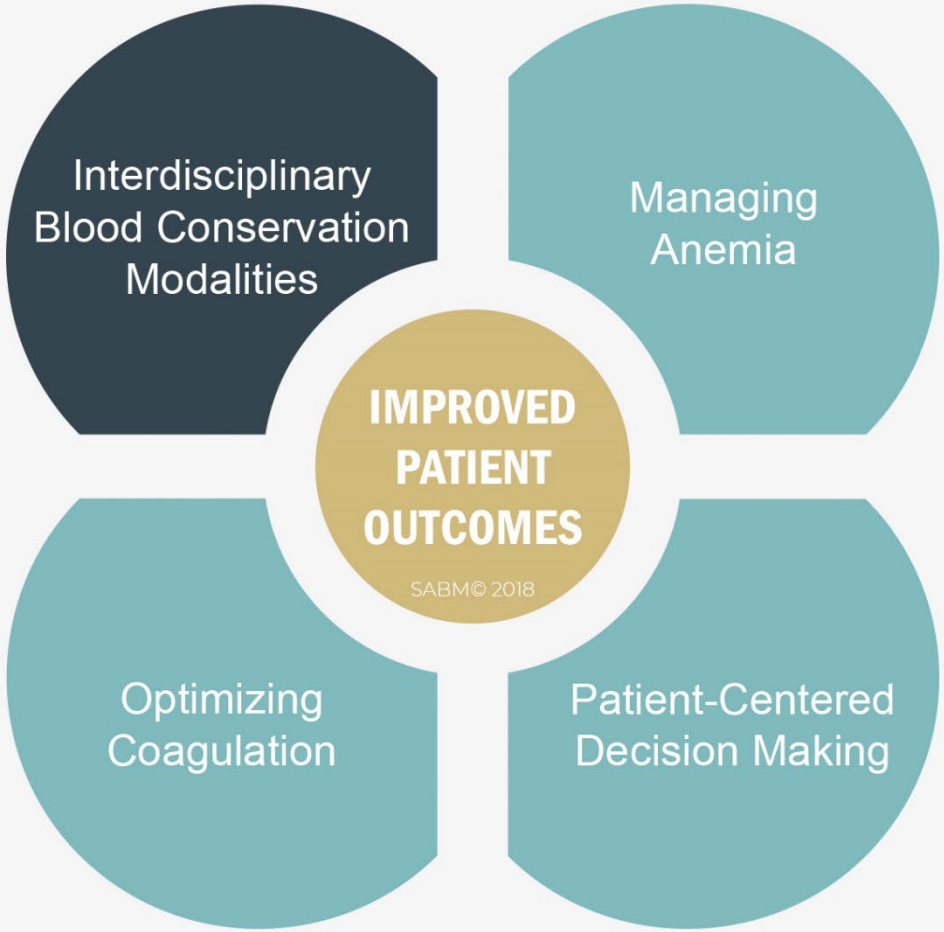
OPTIMIZING COAGULATION

Evaluate both quantitative and qualitative measures to assess true coagulation status.

Accurately assess true cause of bleeding dysfunction.

Employ goal directed therapy to correct coagulation abnormalities.

Apply evidence based rationale for use of plasma.



INTERDISCIPLINARY BLOOD CONSERVATION MODALITIES

Adopt precise and meticulous surgical technique using all available methods of hemostasis.

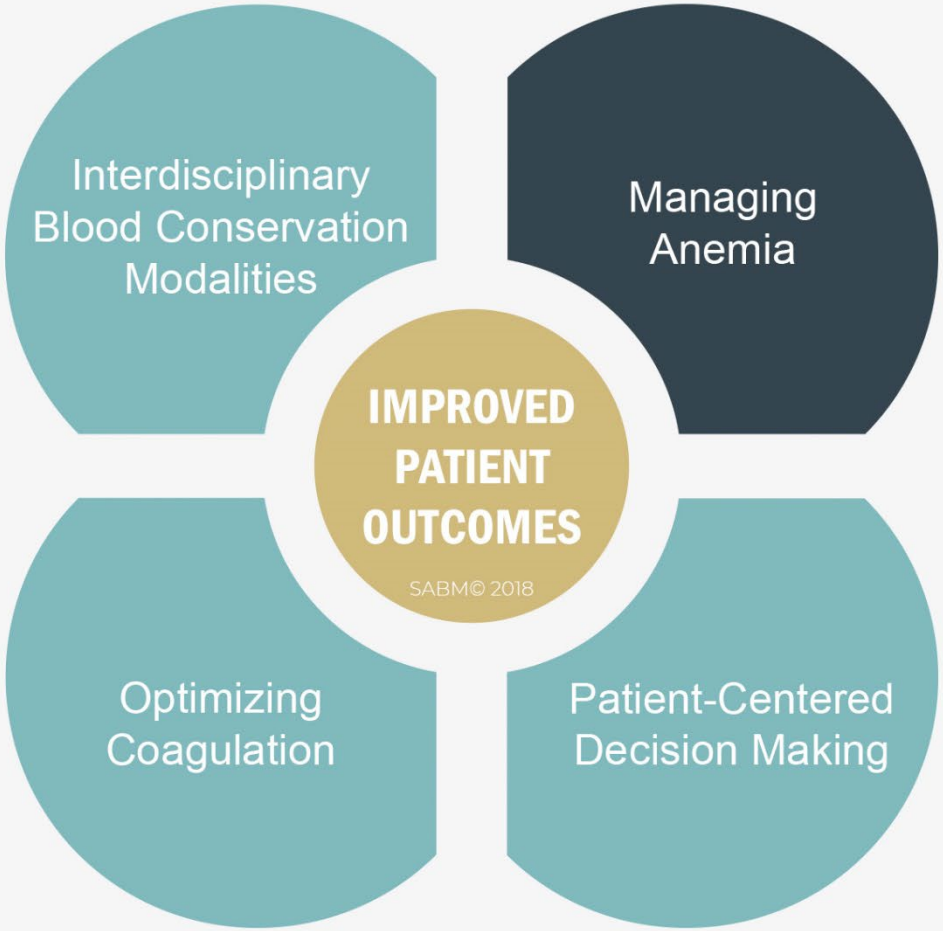
Rapidly diagnose and promptly arrest blood loss in all situations.

Employ appropriate intraoperative blood conservation modalities in an evidence-based fashion.

Use available intra and post operative autologous blood conservation modalities.

Use methods to measure and assess hemoglobin loss.

Control diagnostic blood loss.



MANAGING ANEMIA

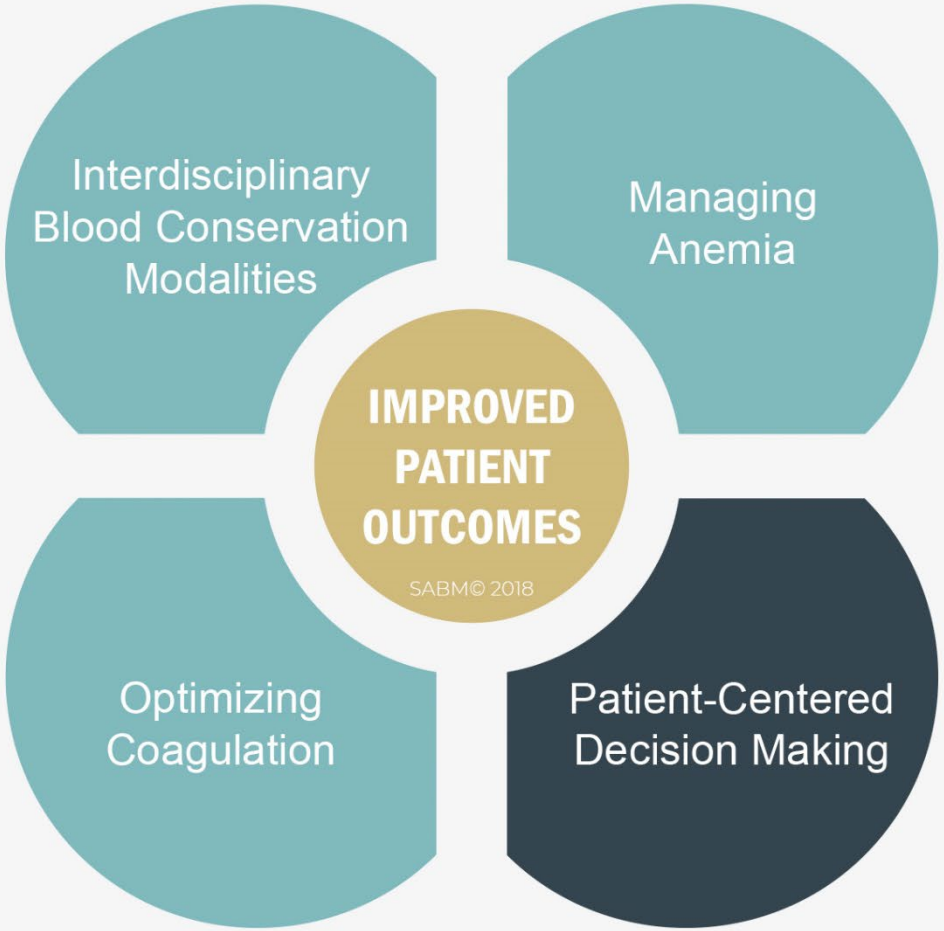
Create methods for early and ongoing detection of anemia.

Enhance physiologic tolerance of anemia by minimizing oxygen consumption.

Employ timely evidence based pharmaceutical and nutritional intervention to support erythropoiesis.

Determine causes and contributing factors of anemia.

Apply evidence based rationale for use of red cells.



PATIENT-CENTERED DECISION MAKING

Listen to patient needs, desires and concerns.

Explore treatment possibilities, provide patient with correct and current information about all PBM interventions.

Inform patients of risks, benefits and alternatives of treatment choices.

Integrate patient values and autonomy in decision making, decide together on a course of action and tailor a plan of care which incorporates patient choice.

Document and communicate patient's preferences.