

SABM PATIENT BLOOD MANAGEMENT AWARENESS WEEK[®] NOVEMBER 7-11, 2022



PATIENT BLOOD MANAGEMENT PROGRAMS

A patient blood management program uses a team approach to assess a patient's blood management needs. The goal of the team is to develop a plan of care that uses pharmaceuticals, technology and techniques to decrease blood loss and to enhance blood cell production. This approach reduces or eliminates the need for a blood transfusion.

WHAT IS PATIENT BLOOD MANAGEMENT?

Patient Blood Management (PBM) is the timely application of evidence-based medical and surgical concepts designed to maintain hemoglobin concentration, optimize hemostasis and minimize blood loss in an effort to improve patient outcome.

WHY IS PATIENT BLOOD MANAGEMENT NECESSARY?

- Reduces unnecessary hospital and patient care costs.
- Improves patient safety by minimizing exposure to blood.
- May reduce hospital length of stay and reduces exposure to viruses and other blood-borne diseases.
- May reduce the risk of hospital acquired complications and infections.
- Conserves use of a precious community resource.

STRATEGIES TO MINIMIZE BLOOD LOSS AND ENHANCE BLOOD PRODUCTION

Check your patient's blood count early!

A Complete Blood Count (CBC) should be done. Anemia is not just a diagnosis; it is a manifestation of an underlying disease. Diagnose anemia and treat appropriately. A combination of these strategies may be used:

APPROPRIATE DIAGNOSTIC TESTING FOR ALL PATIENTS

- Minimize blood draw volumes.
- Combine tests to reduce phlebotomy frequency.
- Restrict routine orders for lab tests.

PRE-OPERATIVE BLOOD MANAGEMENT STRATEGIES

If your patient is anemic, the following medications may be used to raise their blood count:

- Iron therapy - Oral and Intravenous.
- Judicious use of the appropriate Erythropoiesis Stimulating Agent (ESA).
- Vitamin B6, B12, C, Folic Acid.
- Nutritional support.
- Consider Deep Vein Thrombosis (DVT) prophylaxis.

INTRA-OPERATIVE BLOOD MANAGEMENT STRATEGIES

INTRA-OPERATIVE BLOOD SALVAGE - a process of collecting your patient's blood outside of the native circulation during surgery and returning these autologous cells after being appropriately processed.

VOLUME EXPANDERS:

- Crystalloids
- Colloids

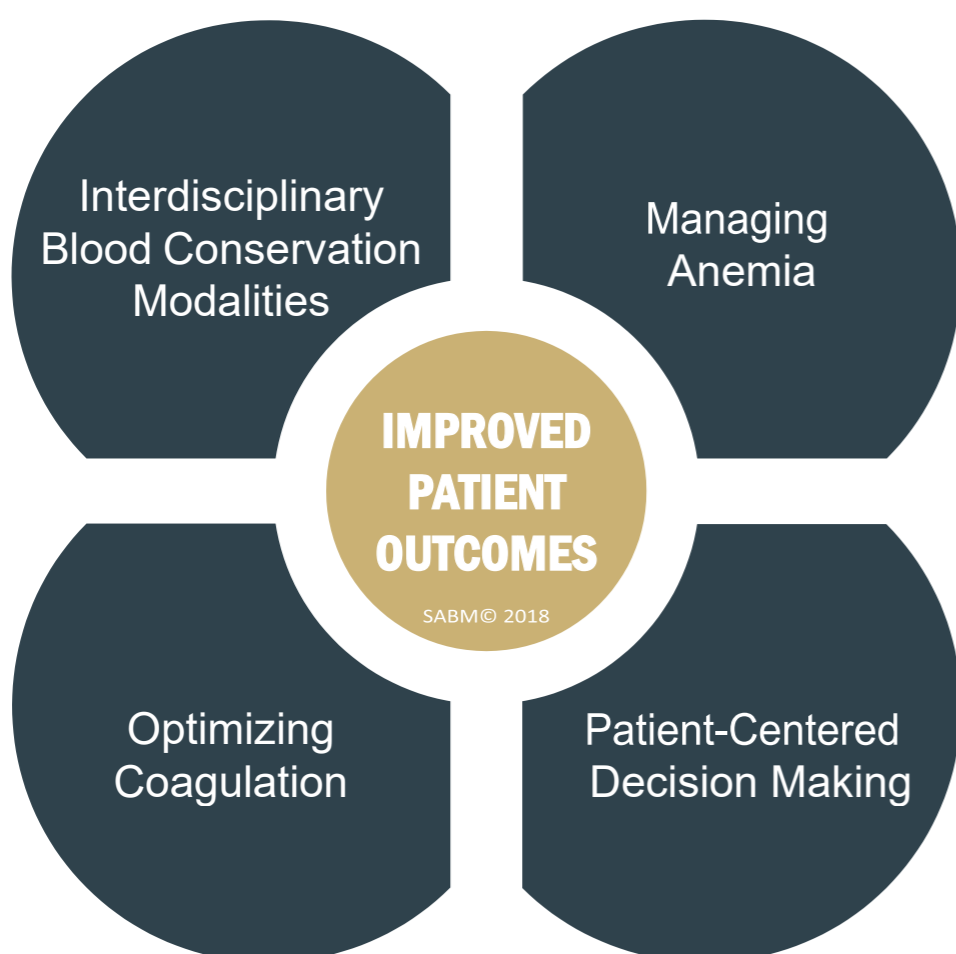
HEMOSTATIC AGENTS - Oral, Parenteral, and Topical

ACUTE NORMOVOLEMIC HEMODILUTION - removal of a calculated amount of blood during surgery, replaces with intravenous (IV) fluids, and returned after surgery

METICULOUS SURGICAL TECHNIQUES

POST-OPERATIVE BLOOD MANAGEMENT STRATEGIES

- Minimize blood draw frequency and volume.
- Post-operative Blood Salvage - a process of collecting blood shed after surgery, washing, filtering, and reinfusion of red blood cells back to the patient.
- Judicious use of the appropriate Erythropoiesis Stimulating Agent (ESA).
- Nutritional support.
- Consider Deep Vein Thrombosis (DVT) prophylaxis.



For a more detailed explanation of these terms, please visit:

www.sabm.org