

**BAYSTATE MEDICAL CENTER
DEPARTMENT OF ANESTHESIOLOGY**

POLICY: PREOPERATIVE BLOOD ORDERING POLICY: GUIDELINES AND RECOMMENDATIONS FOR ELECTIVE SURGICAL PROCEDURES

PURPOSE: To establish guidelines and recommendations for ordering blood products preoperatively.

SCOPE: These guidelines and recommendations will be followed in all patients scheduled for elective surgical procedures requiring anesthesia.

PROCEDURE:

1. A Type and Screen and CBC are indicated for:
 - 1.1. Surgery with potential for large (> 15% EBV), or 750 ml of blood loss;
 - 1.2. Surgery with potential for moderate (> 10% EBV) or 500 ml of blood loss and,
 - 1.2.1. Known or suspected anemia,
or
 - 1.2.2. An established coagulation abnormality
2. A Type and Cross is indicated for:
 - 2.1. Surgery with potential for sudden large (> 20% EBV) blood loss,
 - 2.2. Surgery with potential for moderate (> 10% EBV) blood loss and known or suspected RBC antibodies,
or
 - 2.3. Patients with a symptomatic anemia
3. A Type and Screen specimen must be obtained within 30 days of surgery, preferably no sooner than 24 hours preoperatively, to allow for timely antibody assessment and PRBC procurement.
4. Patients at high risk for developing RBC antibodies (*i.e., patients transfused within the past three months, patients pregnant within the preceding three months*) must have a Type and Screen drawn within 72 hours of surgery.
5. Preoperative autologous blood donation, intraoperative hemodilution, intraoperative cell saver utilization and/or postoperative blood recovery should be considered for all cases with a high likelihood of allogeneic PRBC transfusion perioperatively. Patients donating autologous blood units will automatically have a Type and Cross ordered. Autologous blood units, if available, should be transfused first before any banked allogeneic blood.
6. Emergency blood ordering should be governed by the potential for significant blood loss, the patient's hemodynamic stability, and their underlying medical condition.

**SECTION: CLINICAL POLICIES AND GUIDELINES
CATEGORY: DELIVERY OF ANESTHESIA**

I. <u>CARDIOVASCULAR</u>	<u>ANTIBODY SCREEN(-)</u>	<u>ANTIBODY SCREEN(+)</u>
Redo CABG/open heart procedures	T&S/4	6
CABG/open heart procedures	T&S/2	4
Open Aortic Surgery (AAA, aorto-bifem)	T&S/2	4
Endovascular AAA	T&S/2	4
Major venous surgery (porto-caval shunt)	T&S/2	4
Pericardial procedures	T&S	2
Femoral artery bypass/thrombectomy	T&S	2
Proximal PV (CEA, AK/BKA)	CBC only	0
AV fistula creation/revision/thrombectomy	I-STAT 6 on Admission	0
Distal PV (digital amp/debridement)	None	0
TAVR	T&S/2	0
II. <u>THORACIC</u>	<u>ANTIBODY SCREEN(-)</u>	<u>ANTIBODY SCREEN(+)</u>
Pneumonectomy	T&S/2	4
Lobectomy (open or VATS)	T&S	2
Esophagectomy	T&S	2
CME	T&S	2
VATS/wedge resection or biopsy	CBC only	0
III. <u>GENERAL</u>	<u>ANTIBODY SCREEN(-)</u>	<u>ANTIBODY SCREEN(+)</u>
Hepatic or pancreatic resection	T&S / 2	4
Open cholecystectomy	T&S	2
Splenectomy (open or laparoscopic)	T&S	2
Gastrectomy	T&S	2
Bowel resection (open or laparoscopic)	T&S	2
Colostomy takedown	T&S	2
Laparoscopic gastric banding	CBC only	0
Laparoscopic cholecystectomy	CBC only	0
Hernia repair (open or laparoscopic)	None	0
POEM procedures	None	0
Heller myotomy	None	0
Gastric sleeve procedures	T & S	2
IV. <u>HEENT</u>	<u>ANTIBODY SCREEN(-)</u>	<u>ANTIBODY SCREEN(+)</u>
Radical neck dissection	T&S	2
V. <u>ORTHOPEDICS</u>	<u>ANTIBODY SCREEN(-)</u>	<u>ANTIBODY SCREEN(+)</u>
Redo total joint replacement (hips and knees only)	T&S + Autologous Units	2 + Autologous Units
Total joint replacement(hips and knees only)	T&S + Autologous Units	2 + Autologous Units
Cervical and lumbar spinal fusion (> 4 levels) or Redo fusion	T&S	2
Thoracic spinal fusions (multi-level)	T&S/2	T&S/4
Cervical and lumbar spinal fusion (2-3 levels)	CBC only	0
Posterior laminectomy/foraminotomy	None	0
VI. <u>NEUROSURGERY</u>	<u>ANTIBODY SCREEN(-)</u>	<u>ANTIBODY SCREEN(+)</u>
Craniotomy	T&S	2
Intracranial aneurysm resection	T&S	2
Electrode DBS procedures	T&S	2

SECTION: CLINICAL POLICIES AND GUIDELINES
CATEGORY: DELIVERY OF ANESTHESIA

VII. <u>GENITOURINARY</u>	<u>ANTIBODY SCREEN(-)</u>	<u>ANTIBODY SCREEN(+)</u>
Open prostatectomy	T&S	2
Nephrectomy (open or laparoscopic)	T&S	2
Adrenalectomy (open or laparoscopic)	T&S	2
Cystectomy	T&S	2
Pyloroplasty	T&S	2
Laparoscopic prostatectomy	CBC only	0

VIII. <u>OBSTETRICS/GYNECOLOGY</u>	<u>ANTIBODY SCREEN(-)</u>	<u>ANTIBODY SCREEN(+)</u>
Elective Cesarean section	T&S	2
Hysterectomy (abdominal or vaginal)	T&S	2
Diagnostic/simple pelviscopy (i.e., tubal lig.)	None	0

Effective Date:

2/26/19


Approved by:



Jasmine Gill, M.D.
Chief, Preadmission Evaluation Clinic
Department of Anesthesiology


Reviewed:

6/7/2010, 4/1/2008, 3/24/2013


Chester Andrzejewski, M.D.
Director, Transfusion Medicine Services
Department of Pathology

Reviewed and Revised:

2/26/19, 7/18/2016


Michael T. Bailin, M.D.
Chairman, Department of Anesthesiology