Blood

transfusions improve healing...

MYTH BUSTED

Current, emerging evidence shows that patients who receive blood transfusions are at greater risk of transfusion associated adverse outcomes such as infection, kidney failure, lung injury or death.

A recent study on red cell transfusions and nosocomial infections in critically ill patients[1] concluded that infection rate was higher in those patients transfused compared to those who weren't. Mortality and length of stay (intensive care unit and hospital) were significantly higher in transfused patients, even when corrected for illness severity.

Transfused patients, even after adjusting for survival probability, had significantly:

- Higher nosocomial infection (NI) rates (14.3% vs 5.8%; P<.0001)
- Longer ICU LOS (8.2 vs 3.3 days; P<.0001)
- Longer hospital LOS (18.3 vs 9.9 days; P<.0001)
- Higher mortality rates (21.8% vs 10.2%; P<.0001)

A blood transfusion is a living tissue transplant.
[illegible] to react to something foreign.
The safety implications of this are significant.
Remember consider all the factors,

A blood transfusion is a living tissue transplant.

GO — Hb < 70g/L. Lower thresholds may be acceptable for patient without symptoms and/or where specific therapy is available.

Caution — major blood loss or if there are signs or symptoms of impaired oxygen transport.

Stop — appropriate unless there are specific indications.

For more information about appropriate transfusion practices go to:
www.cec.health.nsw.gov.au and **www.transfusion.com.au**

BLOOD WATCH every drop counts

NSW HEALTH

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Blood Myth #3