

# Single Unit Transfusion

Remember blood transfusion is not risk free - only use when it is the most appropriate treatment

Does the patient require a blood transfusion?

If **YES** then give appropriate verbal and written information to the patient / carer.

**Yes**

Use restrictive red blood cell transfusion for patients who require red blood cell transfusions and **WHO DO NOT**

- **Have Major Haemorrhage**
- **Acute Coronary Syndrome**
- **Require Regular Blood Transfusions for Chronic Anaemia.**

1 Unit of Red Cells  
Expect Hb increase of ~ 10g/L per unit  
based on body weight 70 kg

Consider a threshold of 70g/L and a Hb concentration target of 70-90g/L post transfusion

Consider a threshold of 80g/L with a target of 80 – 100g/L post transfusion for patients with Acute Coronary Syndrome

Consider setting individual thresholds for patients who require regular blood transfusions

**No**

Consider alternatives to transfusion

- Offer oral iron to patients with iron deficiency anaemia.
- Consider intravenous iron for patients who:
  - Have iron deficiency anaemia but can't tolerate or absorb oral iron, or unable to adhere to oral iron guideline are (see NICE guideline)
  - Have functional iron deficiency
  - Have iron deficiency

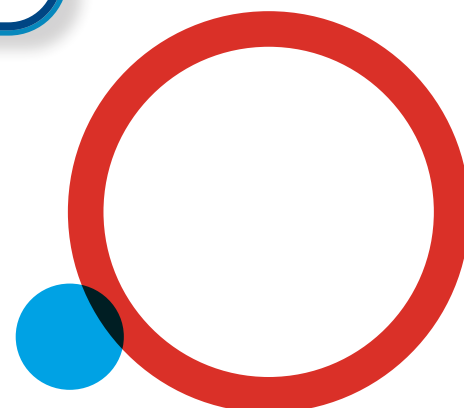
- Introduction of a single-unit regime is generally encouraged to avoid TACO

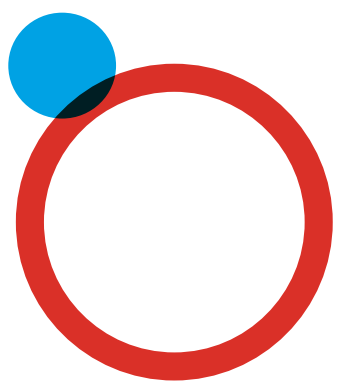
- In patients with cancer or haematological malignancy a single unit regime has not been associated with adverse effects

Reassess and transfuse further units if **CLINICALLY INDICATED**

## References

National Institute for Health and Care Excellence (2015)  
Blood transfusion. NICE guideline (NG24)  
[www.nice.org.uk/guidance/ng24/resources/algorithm-pdf-2178655021](http://www.nice.org.uk/guidance/ng24/resources/algorithm-pdf-2178655021)





# Blood transfusion

## Think about choosing **One**

Blood transfusion is a supportive therapy and should only be considered when appropriate or where there is no alternative. Every decision to transfuse must be based on the clinical assessment of each patient and their individual needs.

Each unit transfused is an independent clinical decision and the decision to transfuse should never be made on the haemoglobin (Hb) level alone. Always fully clinically assess your patient.

Ensure informed consent is obtained with the patient or responsible person/guardian. It is important to seek early haematological advice for the management and discussion of alternatives in complex cases.

**Note** - Transfusion therapy in severely bleeding patients should follow separate guidelines/evidence for this patient population.

