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.

PATIENT BLOOD MANAGEMENT AWARENESS WEEK® NOVEMBER 4-8, 2019

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

METICULOUS SURGICAL TECHNIQUES

FOR MORE INFORMATION, PLEASE VISIT www.sabm.org

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

IMPROVED PATIENT OUTCOMES SABM 2019

YOUR LOGO GOES HERE