

Tips for Hospitals – Extending the Blood Supply

This list includes AABB’s tips, information and resources for hospitals to consider when reviewing strategies and policies regarding their blood supply.

1. Consider encouraging the use of O-negative red blood cells (RBC) only for women of childbearing age and for patients with the anti-D antibody.
 - [AABB Association Bulletin 19-02: Recommendations on the Use of Group O Red Blood Cells](#)
 - [Choosing Wisely: Five Things Physicians and Patients Should Question](#)
2. Consider the use of A plasma for massive transfusions.
 - [Dunbar N, et al. Safety of the use of group A plasma in trauma: The STAT study. *Transfusion*. 2017;57\(8\):1879-1884](#)
3. Consider developing strategies for limited-resource situations.
 - [Disaster Preparedness: AABB News – January 2019](#)
 - [“Scarce Resource Management and Crisis Standards of Care” \(from Northwest Healthcare Response Network\)](#)
4. Develop contingency plans for potential blood shortages.
 - [Blood Component Shortage Notification and Contingency Plan](#)
5. Consider crossmatching a unit of RBC to more than one patient.
6. Consider the use of perioperative autologous blood salvage.
 - [Standards for a Patient Blood Management Program](#)
 - [Standards for Perioperative Autologous Blood Collection and Administration](#)
7. Consider lowering transfusion triggers for platelets and RBC.
 - [Choosing Wisely: Five Things Physicians and Patients Should Question](#)
 - [AABB’s Patient Blood Management Toolkit](#)

8. Consider taking steps to switch from O RBC to type-specific RBC transfusions in massive transfusion protocols.
 - [AABB Association Bulletin 19-02: Recommendations on the Use of Group O Red Blood Cells](#)

9. For stable non-emergency patients, orders for two or more units at one time may be reviewed to determine if fewer units/one unit may be adequate to treat the patient (give one, then reassess).
 - [AABB's Patient Blood Management Toolkit](#)