

Updated 12/17/21

Extending the Blood Supply – Tips for Hospitals

This list includes AABB resources, tips, new information and resources shared with AABB for hospitals to consider when reviewing strategies and policies regarding the blood supply.

- In support of AABB member requests, we will continue to update this document.
 - Please check for updates to this and our other [CORONAVIRUS RESOURCES](#) frequently.
1. AABB member tips and experiences to improve inventory management and critical communications within the Hospital – shared by AABB members during the [2021 AABB ANNUAL MEETING Networking Session: Inventory Challenges Discussion on 10/18/21](#)
 2. 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](#)
 3. 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](#)
 4. 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](#)
 - [RBC Transfusion Guidelines - Journal of the American Medical Association](#)
 - [Getting Started in Patient Blood Management](#)
 - [White Paper: Building a Better Patient Blood Management Program](#)

5. Consider developing strategies for limited-resource situations.
 - [Disaster Preparedness: AABB News – January 2019](#)
 - [Strategies for Scarce Resource Situations \(2-page Table\): extracted from the Northwest Healthcare Response Network article, “Scarce Resource Management and Crisis Standards of Care”](#)
6. Develop contingency plans for potential blood shortages.
 - [Blood Component Shortage Notification and Contingency Plan](#)
7. Consider crossmatching a unit of RBC to more than one patient.
8. Consider the use of perioperative autologous blood salvage.
 - [Standards for a Patient Blood Management Program](#)
 - [Standards for Perioperative Autologous Blood Collection and Administration](#)
9. Consider lowering transfusion triggers for platelets and RBC.
 - [Choosing Wisely: Five Things Physicians and Patients Should Question](#)
 - [AABB’s Patient Blood Management Toolkit](#)
10. 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](#)