

STANDARDS OF CARE

- 1 All hospitals should work with commissioners to develop pathways of perioperative care for surgical patients with anaemia that comply with the recommendations in these guidelines.
- 2 All hospitals should establish data capture systems to allow auditing against the metrics and recommendations provided.
- 3 All patients referred for surgery who fulfil the NICE preoperative testing criteria² should have a full blood count (FBC) at referral to surgery or at first surgical consultation. This means all patients having major surgery and consider for any patient having intermediate surgery with cardiovascular or renal disease if any symptoms not recently investigated.
- 4 All children should be screened for anaemia before procedures associated with a 10% risk of transfusion as early as possible in the pathway.
- 5 All patients undergoing surgery with a clinical finding of anaemia should have documentation of the type and likely cause of anaemia.
- 6 All patients with anaemia having a major operation (with expected blood loss of >500ml or 10% blood volume) should have a documented plan for preoperative, intraoperative and postoperative management of anaemia, in line with Patient Blood Management (PBM).
- 7 All patients undergoing surgery with anaemia or at risk of anaemia should be proactively provided with information (paper and/or digital) regarding causes and treatment of anaemia including options for blood transfusion.
- 8 All staff working in perioperative settings should have training in anaemia, PBM and blood transfusion. This includes those working with patients receiving emergency surgical care.