RECOMMENDATIONS FOR ALL STAFF IN THEATRE AND RECOVERY

Staff working in theatre and recovery or PACU (Post Anaesthetic Care Unit) should:

- Adhere to the three pillars of patient blood management:
  - timely and appropriate management of anaemia
  - prevention of blood loss
  - optimising the patient's physiological tolerance including restrictive transfusion where appropriate[45,46]
- Use the five steps for safer surgery (briefing, sign-in, timeout, sign-out and debriefing) in the WHO Surgical Safety Checklist[47] to discuss and plan ahead for the blood management of each patient on the operating list
- Control blood pressure carefully in the intra and postoperative setting
- Use point of care haemoglobin and coagulation monitoring when required
- Use intravenous fluids judiciously and avoid haemodilution
- Make appropriate use of anti-fibrinolytics (ie Tranexamic acid). It should be normal standard practice to consider giving Tranexamic acid when starting operations with significant blood loss expected. This is a strong recent recommendation of the infected blood enquiry,[P3] major medical organisations[P1–P2] and NICE guideline [QS138] on this topic[48]
- Consider techniques to minimise blood loss including tourniquets, meticulous haemostasis and laparoscopic surgery
- If considering the benefit versus cost of using cell salvage, or if the team are unable to predict blood loss during the proposed surgery, consider initially setting up equipment for 'collection only'
- Consider blood transfusion when haemoglobin levels <70g/.[49] The theatre and recovery team should be aware of the transfusion threshold individualised to the patient[50]
- Undertake risk assessment prior to every unit of blood transfused, which considers the perception of risk of both perioperative anaemia and blood transfusion[51]
- Re-check haemoglobin levels between each unit of blood, unless actively haemorrhaging, and utilise point of care testing to inform decision making[45,46,50,52]
- All perioperative personnel should be aware of the major haemorrhage protocols of their organisation and understand their role in relation to major transfusion procedures.[53]