

RETU Transfusion Pathway

Required testing prior to
RETU admission

- CBC
- Pelvic exam (as indicated)
- Rectal exam (as indicated)

ED
Evaluation

Not appropriate for RETU

- Hemodynamic instability
- Active hemolysis
- Active bleeding that can not be controlled
- AMS
- Recurrent syncope
- Decompensated heart failure
- Persistent/severe active chest pain

RETU Intake Evaluation

(do not repeat testing if already done in ED)

Exam Focus

- Cardiac
- GI
- Vascular
- Pelvic (as indicated)

Initial Testing

- Labs: CBC, Chem 7, PT/PTT, Type and screen (others as clinically indicated)
- Imaging: as clinically indicated

Monitoring

- Monitor for transfusion reaction
- Monitor for active bleeding
- Monitor for fluid overload

Consults

- Consider GYN, GI, or renal consult as indicated

RETU Treatment / Evaluation

Does the patient require only one unit of PRBC?

N

Y

Transfuse in ED unless
the patient has other reasons for
observation

Does the patient require ≥ 3 units of PRBCs?

N

Y

Consider admission

Is the patient on hemodialysis?

N

Y

Consider transfusion in dialysis

Does the patient have any signs of bleeding?

N

Y

Obtain post transfusion CBC

No post transfusion CBC needed unless otherwise indicated

Disposition Guidelines

Discharge from RETU

- Transfusion completed without reaction
- Symptoms improved
- Satisfactory increase in hemoglobin if checked

Admission to Hospital

- Transfusion reaction
- Renewed bleeding that can not be controlled
- Fluid overload