

ABOUT PBM

Patient Blood Management (PBM) is evidence-based medicine as applied to transfusion practice, including the treatment and management of pre-operative anaemia, the management of haemostasis and blood conservation. Although effective PBM can lead to more appropriate use of the limited donated blood supply, transfusion avoidance is not the primary goal. Instead, PBM involves the application of current best evidence to optimise the care and outcomes of all patients who may require transfusion during the course of their care.

— Society for the Advancement of Blood Management. "Professional definition of PBM."
Retrieved 28 December, 2014, from www.sabm.org/

National performance for all Patient Blood Management Standards 2017-18

PBM Standard	National
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PBM 1 Clinical staff must ensure that patients listed for elective major blood loss surgery have an Hb measured at least 14 days pre-operatively and act upon results. *	49% (1386/2838)
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PBM 2 Clinical staff should only prescribe a pre-operative transfusion in patients undergoing elected major blood loss surgery if the Hb is less than the defined Hb threshold for transfusion (70g/L in patients without acute coronary ischaemia or 80g/L in patients with acute coronary ischaemia).	7% (279/3793)
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PBM 3 Clinical staff should only prescribe a pre-operative transfusion in patients undergoing elective major blood loss surgery if the Hb is less than the defined Hb threshold for transfusion and pre-operative anaemia optimisation has been attempted.	2% (3/132)
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PBM 4 For patients receiving a pre-operative transfusion, clinical staff should prescribe one unit of red cells at a time and re-check Hb before prescribing a further unit.	28% (71/253)
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PBM 5 For patients undergoing elective major blood loss surgery who are taking oral anticoagulants and/or antiplatelet agents, clinical staff must stop the oral anticoagulant and/or antiplatelet agent(s) at least 5 days pre-operatively (unless there are good reasons to continue) and document the management plan in the case notes. For patients with fractured neck of femur taking warfarin, clinical staff should aim for an INR of less than 1.5 on the day before or the day of surgery.	87% (315/361)
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