BROWN EMERGENCY MEDICINE CDU
SYMPTOMATIC ANEMIA TREATMENT PATHWAY

Purpose: To safely manage patients with symptomatic anemia who require blood transfusion and monitoring.[1]

CDU Admission Eligibility Criteria:

- Symptomatic anemia
- Labs verifying need for transfusion
- Hgb >5
- General Adult Blood Administration order set and consent completed
- Attending physician must document reason for admission to CDU and outline treatment plan before patient can be moved to the CDU

CDU Exclusion Criteria:

- Vital Signs:
  - Temperature > 100.4 F
  - Systolic Blood Pressure <90 mmHg
  - Persistent tachycardia, HR >110
  - RR>30
  - Pulse Oximetry < 92% on room air
- Active bleeding
- History of transfusion reaction
- Dynamic or ischemic EKG (if obtained)
- Elevated troponin (if obtained)
- Acute decompensated heart failure
- On home oxygen
- Concurrent medical problem requiring admission
- Any condition found on the "CDU Universal Exclusion Criteria" list
- Requiring more assistance for ADLs than the CDU is capable of safely providing (one assist/patient for units with 5:1 maximum staff:patient ratio and no assists for units with >5:1 maximum staff:patient ratio)
- Unlikely discharge within 48 hrs. (ED attending discretion)

Last Update: 12/18/22, *EEG*

[1] Reviewed by Director of Transfusion Services, RIH

SYMPTOMATIC ANEMIA/BLOOD TRANSFUSION CDU MANAGEMENT PATHWAY

Pre-observation unit evaluation should include:

1. CBC
2. Type and screen
3. Coagulation studies as indicated
4. Evaluation for acute bleeding

CDU interventions may include:

1. Blood transfusion
2. CBC at least 2 hours after transfusion completed
3. Work up for etiology of anemia if not already known (at provider discretion)
    a. Refer to anemia work up recs as needed (in CDU binder)
4. Serial vital signs

Indication for hospital admission while under CDU observation:

1. Inadequate response in hemoglobin or symptoms after transfusion
2. Development of pulmonary edema
3. Transfusion reaction
4. New or newly identified bleeding

Discharge Planning:

1. Symptom resolution after transfusion
2. No evidence of transfusion reaction per protocol
3. Appropriate increase in hemoglobin after transfusion