

Dear Colleagues:

In an effort to increase our quality of care, significant work has gone into improving our practice around plasma/FFP transfusion and increasing adherence to evidence-based medicine. This was a multi-disciplinary effort that included stakeholders from general surgery and subspecialties, anesthesia, radiology, medicine, neurology, transfusion medicine, and SHC quality and effectiveness.

- 1) Evidence shows that bleeding risks of patients with minimally elevated INR (elevations up to 2.0) are EQUIVLANT to patients with “normal” reference range INR; INR was never designed to be a measure of bleeding risks and functions poorly as a test when used in this manner.
- 2) Furthermore, plasma transfusion (in minimally elevated INR) does not lead to correction. The median decrease in INR is close to zero, and complete correction to reference range occurs in less than 1% of patients transfused.

Soon, a best practice alert (BPA) will appear if plasma is ordered if a recent INR ≤ 1.7 . Transfusion of plasma for INR ≤ 1.7 is NOT indicated to prevent bleeding, or prior to procedures/surgery. Active bleeding and plasma exchange/apheresis are clinical exceptions to this standard and acknowledgments within the alert. The BPA will not fire in procedural areas or as part of emergency or massive transfusion order sets.

We sincerely appreciate your help in reducing inappropriate plasma transfusion and reducing unnecessary side effects.

Sincerely,

SHC Blood Utilization Group
SHC Quality and Effectiveness