

What is Choosing Wisely?

Choosing Wisely is an initiative that encourages patients to actively engage in discussions about the tests and treatments they receive as part of a shared decision making process.

For each decision, the patient and physician should discuss:

- What are the benefits?
- What are the risks?
- What are the alternatives?
- What if I do nothing?

Alongside the values above, speciality-specific recommendations were made by several Royal Colleges and Societies, aiming to reduce overuse of resources by highlighting those tests and treatments which were felt to be unnecessary.

In 2016, the first UK Choosing Wisely recommendations were published online with further recommendations added in 2018.

For further information, please visit:

www.choosingwisely.co.uk or www.rcpath.org

Alternatively, follow this QR code to learn more about the UK Choosing Wisely recommendations:



Choosing Wisely recommendations for Blood Transfusion

Summaries of the five blood transfusion Choosing Wisely recommendations for health care professionals are featured on the next page.

Benefits?
Risks?

Consent for Transfusion

Don't give a patient a blood transfusion without informing them about the risks and benefits. Although do not delay emergency transfusion.

Follow the links below to see further information:

[NICE 2016 Blood transfusion Quality standard \[QS138\]](#)

[NICE 2015 Blood transfusion guidelines \[NG24\]](#)

Patient information:

NHSBT leaflet – [Will I need blood transfusion?](#)

Give iron to
iron deficient
patients

Iron Deficiency

Don't transfuse red cells for iron deficiency anaemia without haemodynamic instability.

Follow the links below to see further information:

[NICE 2016 Blood transfusion Quality standard \[QS138\]](#)

[NICE 2015 Blood transfusion guidelines \[NG24\]](#)

Patient information:

NHSBT leaflets – [Anaemia](#), [Iron in your diet](#)

Save O D
negative blood

O D Negative Blood

Only transfuse O D negative red cells to O D negative patients and in emergencies for females of childbearing potential with unknown blood group.

Follow the link below to see further information:

[NICE 2015 Blood transfusion guidelines \[NG24\]](#)

Review after
each unit

How Many Units?

Use restrictive thresholds for patients needing red cell transfusion and give only one unit at a time except when the patient has active bleeding.

Follow the links below to see further information:

[NICE 2016 Blood transfusion Quality standard \[QS138\]](#)

[NICE 2015 Blood transfusion guidelines \[NG24\]](#)

[Cochrane Review: Transfusion thresholds and other strategies for guiding allogeneic red blood cell transfusion](#)

Chemotherapy?
Consider
transfusion when
platelets are less
than $10 \times 10^9/L$

Platelet Thresholds for Patients on Chemotherapy

Only consider transfusing platelets to patients with chemotherapy-induced thrombocytopenia where the platelet count is $<10 \times 10^9/L$, except when the patient has clinically significant bleeding or will be undergoing a procedure with a high risk of bleeding.

Follow the links below to see further information:

[BSH 2016 Guidelines for the use of platelet transfusions](#)

[NICE 2015 Blood transfusion guidelines \[NG24\]](#)