

Electronic records show variation in blood usage

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(HealthDay) -- Electronic information systems can be used to generate detailed information about blood component use by individual providers and surgical services, and they reveal significant variation in utilization, according to research published online April 23 in *Anesthesiology*.

Steven M. Frank, M.D., from Johns Hopkins University in Baltimore, and colleagues analyzed data collected from an automated anesthesia [information management system](#) involving 48,086 [surgical patients](#) at a tertiary care academic medical center. [Transfusion hemoglobin](#) trigger and target concentrations were compared by surgical services and

procedures and between individual medical providers.

The researchers found that the mean transfusion hemoglobin trigger concentration was 8.4 ± 1.5 , and the target was 10.2 ± 1.5 g/dL for all patients given erythrocytes. There was significant variation in trigger and target range among surgical services, surgeons, and anesthesiologists. Individual surgeons differed three- to four-fold in their use of erythrocyte salvage, fresh frozen plasma, and platelets during performance of identical surgical procedures.

"Our findings reveal significant variability in utilization among surgical services, surgical procedures, and individual medical providers," the authors write. "By evaluating transfusion practices in this fashion, appropriate feedback can be given to providers to potentially improve the utilization of blood components, with a primary goal of reducing unwarranted transfusion."

More information: [doi: 10.1097/ALN.0b013e318255e550](https://doi.org/10.1097/ALN.0b013e318255e550)

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