INTRODUCTION

Hospital-Acquired Anaemia (HAA) is a common condition affecting all critically ill patients. It has been estimated that patients in ICU can lose up to 40 - 50 ml of blood on daily diagnostic exams, and those with an indwelling catheter can lose up to 900 ml of blood during their length of hospital stay (AACC, 2016).

KEY MESSAGES

HAA is associated with increased morbidity and length of hospital stay (Anil et al., 2018). In the absence of clinical guidelines for requesting blood sampling, current practice is based on the clinicians’ preference and for clinically stable patients, it could be argued that regular sampling is for the clinicians’ benefit and not the patient’s.

METHOD

A retrospective review of 39 non-traumatic subarachnoid haemorrhage (SAH) patients admitted in the neuro critical care unit (NCCU).

Data were extracted from electronic medical records and we investigated the difference in haemoglobin (Hb) levels between patient admission and discharge for patients in critical care.

All patients with a normal baseline haemoglobin were included in this study, those with preexisting/underlying conditions affecting their haemoglobin were excluded in the study.

CONCLUSION & DISCUSSIONS

Statistical analysis revealed interesting insights on the data. The researchers found a moderate correlation (Pearson’s r=0.41) between the average number of ABGs performed per day and the change in Hb levels of patients from admission to discharge. An average Hb decrease of 31 g/L was found during the course of the 39 patients’ time in critical care. However, it would be undeniable that other factors may also have contributed to the overall decline in Hb. It is still essential that nurses and clinicians constantly rethink the appropriateness of every attempt to obtain a routine/daily blood panel or gas sample as minute amounts can eventually add up to a significant blood loss. The mean number of ABGs/day was 8. With this, it’s possible to consider a change in the protocol or system of obtaining samples in a way that would reduce undue wastage, which could potentially then translate to cost reduction in care delivery.