

Jehovah's Witness/Bloodless Checklist

Jehovah's Witnesses DO NOT ACCEPT:

- **Whole Blood**
- **Red Blood Cells**
- **White Blood Cells**
- **Platelets**
- **Plasma (including FFP)**

- Has Attending of Record been notified?
- Is Blood Management Team Involved?
PAGE 917-249-0280 or 11340 and off-hours call Operator to connect with person on-call
- Has Nurse Manager been notified?
- Does Health Care Proxy specifically address which blood fractions are acceptable to patient (ie. Cryo, Epo, Albumin)? Blood Management Team can help.
- If patient is bleeding immediately identify source and consult the expert to stop the bleeding source (ie. GI, Ob-Gyn, IR, Surgery)
- If patient is hemodynamically unstable and hypovolemic- have you tried wide-open NS or boluses?
- Consider Consult Hematology for **anemic** patients as they may benefit from Iron therapy, B12, Folate, Epogen to optimize RBC mass
- Minimize blood draws and use pediatric tubes
- Evaluate and treat coagulopathy as indicated (ie. Vit K or Protamine)
****Remember FFP NOT an option for JW patients**
- Consider Recombinant FVIIa in select cases

Special Clinical Situations

1. GI Bleeding

- Have you consulted GI for Expedited Endoscopy/Treatment to stop bleeding immediately (ie. sclerosis, banding, clipping, electrocautery)?
- Is NG Lavage warranted?
- Is patient a candidate for PPI, Octreotide, or Somatostatin?
- Does Surgery need to be consulted now?

2. GYN Bleeding

- Have you consulted Gyn to expedite surgical management (ie. D&C, Laparoscopy?)
- Can patient benefit from hormonal therapy (ie. acutely with Estrogen or a GnRH Agonists like Lupron for chronic tx)?
- Is there a role for IR (ie. uterine artery embolization)?