



e-Network Forum

CALIFORNIA BLOOD BANK SOCIETY

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Eating and Blood Donation

As you may recall, an e-Network member wrote that she was in the process of **updating her facility's SOP regarding the temporary deferral of qualified donors merely because they have not eaten within the five hours preceding their arrival at the donor center**. She indicated that she could not find any regulations or written recommendations regarding requiring prospective blood donors to have eaten before making a blood donation, and she did not want to go outside the "standard of care" in making too strict a rule. Her facility currently requires that each prospective blood donor has eaten a meal within the 5 hours preceding the donation, and that the "meal" is balanced with protein and carbohydrates. If the prospective donor has not eaten such a meal within the required time frame, the donor is deferred to go to the local sandwich shop. This e-network member wanted to know if there are **any official requirements for Blood Collection Facilities that require a prospective blood donor to have eaten something before donating a unit of blood or plasma**.

The following suggestions and comments were submitted in response to the above question:

1. A high ranking **administrator at United Blood Services** indicated that UBS did not have an SOP requirement regarding having eaten a meal within so many hours prior to a blood donation, nor was this administrator aware of any regulation or standard that addresses such a requirement. He did mention that UBS includes a "suggestion" in their printed materials **encouraging donors to have eaten a low fat meal prior to donation**. The administrator thinks that UBS's primary motivation for this suggestion is to avoid collecting **lipemic** units.
2. A **medical director at a community blood center** stated that to her knowledge there is **no AABB or Federal Requirement** that a donor should have eaten prior to donating blood. She points out that the Sixth Edition of the AABB "Technical Methods and Procedures" (published in 1974) suggested that "if the donor has not eaten within the past 4-6 hours [he/she] may be sent to the refreshment area for a light snack." In the past, this medical director's donor center used to defer prospective donors who had not eaten. After that requirement was dropped, their deferral rate went down significantly, but there has NOT been an increase in donor reactions. This medical director is of the opinion that **hydration and good health, rather than recent nourishment, are more important for the donor**. If the ambient external temperatures are high, and a donor is likely to be somewhat fluid depleted, it is probably prudent to suggest that they drink some kind of non-caffeinated, non-alcohol-containing beverage before donating (and, of course, afterwards). This medical director went on to say "If a center sends a donor out to get a bite to eat, they may not see the donor again that day. If a center's policy is that a donor should have eaten before donating, why not just give them some juice and canteen snacks? (of course, if this becomes routine practice, the center may end up with much larger canteen budgets!)".
3. A second **medical director at a very large Red Cross center** stated that as far as he knew, there are no regulations associated with having a donor eat a meal or drinking some fluids prior to donation, and that the "meal before donating" idea has the **aura of an old wives' tale**. He says that the recommendation to eat something before blood donation is based mostly on anecdotal experience of staff who have collected blood over the years. **In quite a few studies of donor reactions, eating a meal or not eating a meal was not significant for influencing the rate of donor reactions**. In a couple of review articles, it was carried in the "probably not associated" category rather than in the "definitely associated" or "definitely not associated" categories. If the meal is eaten just prior to donation and is loaded with fatty foods, **lipemia in the samples for testing can create a problem** making them unacceptable to meet manufacturers' instructions. If a meal is going to be recommended (based on weak evidence that it could decrease donor reactions), then a healthy, low fat meal should be recommended.
4. Another **donor center medical director** wrote that he was not aware of any regulation or official recommendation about eating before donating blood or apheresis components. However, he pointed out that it has been known for some time that the rate of vasovagal reactions is less when potential donors have had something to eat. **If a prospective donor has not had anything to eat within**

3-5 hours of a donation, this medical director's facility will send the donor to the canteen first to get something to eat and drink before their donation. The nurses feel this cuts down on their chances of having a reaction. If there is no food available on site, this e-network member suggests that the donor be sent to a place for some food or it be provided, in either case at the facility's expense!

5. A fourth **donor center medical director** commented that it is very difficult to his get collections' staff (particularly nurses) to NOT ask donors about their last meal. Despite the fact that his facility's SOP's do not include questioning about when the prospective donor last ate, his **nursing staff still send many people away for the sin of not having eaten recently enough to make the nursing staff happy**. Tomasulo et al reported in Transfusion (Sept-Oct 1980 (page 511)) a study of donor reactions related to a number of variables, including time from last meal. In that 1980 study, it was reported that donor deferral rates in regional blood centers varied from 5 to 24 per cent, and that **criteria for donor deferral which were intended to exclude donors likely to suffer a "donor reaction" were based partially on untested hypotheses and tradition**. In a six-month prospective study, more liberal criteria for donor acceptance were employed, and during this period donor reaction rates did not increase, however the deferral rate fell approximately 30%. The study findings suggested less restrictive criteria (such as not insisting on the donor having eaten a meal) could be used for donor selection without compromising donor safety.
6. Another member commented that he was not aware of any requirement that a donor have a meal prior to donating much less a "balanced" meal. It seems a little bit **outrageous to require such a stringent guideline, especially in this difficult time of getting donors**. According to this member, "We should try to take as many people that we can rather than set up barriers for them! If a donor hasn't eaten we send them to the canteen for juice and a doughnut or cookies. We have no incidence of increased reactions in donors that have a quick snack at the canteen, even in high schools."
7. Another blood banker commented that "During the donation process we do not ask the donor if they have eaten and would not defer a donor for this reason. We have no data that indicates that there is an increase in donor reactions when a donor has not eaten within a certain period of time prior to donation. Physiologically it **does not make sense to eat right before the donation** as the food is just 'sitting in the donor's stomach'. However, during the recruiting/scheduling of a donor, the donor is encouraged to eat before donating. Also those donors who experience a donor reaction are **encouraged to eat/drink a few hours prior to his/her next donation**".
8. Another medical director commented that at her donor center " we used to ask donors whether they had eaten and if they hadn't, the blood center staff would send them to the canteen for a snack before allowing them to donate. From a physiologic perspective, this practice was probably counterproductive, since eating just before donating would increase blood flow to the intestines and make it more difficult for the donor to maintain blood pressure after donating. We therefore discontinued the policy. Hydration, however, is a different issue. Donors who are significantly dehydrated will have difficulty tolerating the volume loss of the blood donation. It would make more sense, therefore, to instruct potential donors to **drink liquids before donation**, rather than send them out for a full meal.
9. Another member stated simply that at his institution the donor is **fed AFTER** the blood donation.
10. And finally, a blood banker reported "I'm not aware of any official guidance that requires donors to eat before donating. **We've just found that donors do better if they have**".

Editor's NOTE: I am a six-gallon donor, and when I go to make a donation, I look forward to eating cookies and drinking juices and coffee, plus eating what ever other stuff they put out for the donors to eat. I suspect that many other regular donors expect to find food when they go to donate, although based on the above, **the provision of the food may be more for public relations and good will than for scientific and health/safety reasons**. I hope we are not losing donors because they leave in frustration over not having eaten enough food before we can take their blood donation.

ADDENDA Apr. 22, 2001

11. Here is what another member had to say: "There is no regulation about eating, and general consensus is that eating regular meals prior to donation is a good thing, as donors are less likely to have reactions. One caution, however. Our testing lab now has fairly strict specimen acceptance criteria when it comes to lipemia. If your donor eats a **fatty meal too close to donation**, your testing lab may be unable to test the donation! We had an autologous donor come in after eating a heavy, fat-laden breakfast. We spun his hematocrit, and the HemataStat was unable to read his hematocrit, as his plasma was too lipemic! "

ADDENDA July 16, 2001

12. An e-Network Forum member in **France** commented that he was surprised that the discussion about "eating and blood donation" had not yet mentioned the **putative post-prandial**

bacteraemia', which he reports is a phenomenon that French blood bankers talk about and more or less believe (at least in France). The reporting member did not find any "recent" (since the 60's) study on the topic, but he believes that a reappraisal of this is needed. The reporting e-Network member is an epidemiologist and he says that he had begun to think about a study protocol, but the project was stopped because no funding was available. He would be interested if somebody had any data or bibliographic references on the topic.

Please submit comments to the [e-Network Forum](#).



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[Ira A. Shulman, MD](#)
CBBS e-Network Forum Editor & Moderator

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Addenda: Apr. 22 & July 16, 2001

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