



# e-Network Forum

## CALIFORNIA BLOOD BANK SOCIETY

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### ***Should brain-dead persons whose organs qualify for harvesting and transplantation receive red cell transfusions to improve organ survival?***

**A transfusion medicine physician who works at an acute care facility in Southern California** reports that when a 'brain-dead' individual has been qualified as an organ donor and the harvest of organs is imminent, it is **not uncommon for there to be a pre-harvest request for RBCs** to be transfused to the brain-dead individual. The reason given to justify such a request is that an RBC transfusion will improve oxygenation of the harvested organs, even if the hematocrit is above the usual trigger for RBC transfusion (i.e., H/H is > 10/30 or more). According to the inquiring transfusion service physician, the organ procurement agency claims that organ survival improves with the aforementioned strategy. The inquiring blood banker wants to know what e-Network colleagues think about this approach. Should RBC units be issued to brain dead individuals for the purpose of raising the pre-organ harvest hematocrit, based on a belief that this will improve organ harvest success. **Are there data to support this contention?**

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In response to the above query, the following replies were submitted:

1. **An anesthesiologist** who is a recognized expert in the study of blood loss anemia and who works at a prestigious academic medical center (where there also happens to be an outstanding transfusion medicine service), reports that he is unaware of data supporting improved organ oxygenation and transplant survival based on pre-harvesting donor hematocrit or hemoglobin concentration.

**ADDENDA** Mar. 28, 2005

2. **Editor's Note:** Please see the new discussion [Should there be arbitrary triggers for transfusing brain-dead potential organ donors?](#)

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

**Ira A. Shulman, MD**  
CBBS e-Network Forum Editor & Moderator



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**Posted:** August 2, 2002

**Addenda:** Mar. 28, 2005