# **SUPPLEMENTAL TABLE 4: Randomized controlled trials involving intraoperative transfusion triggers identified in systematic reviews referenced in included guidelines51,52**

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| **Author, year** | **Sample size (n)** | **Primary outcome** | **Surgical patient population** | **Restrictive intervention (R)** | **Liberal intervention (L)** | **Conclusion** |
| Grover, 200652 | 260 | MI | Orthopedics | <8.0g/dL in peri-op period | <10.0g/dL in peri-op period | MI: NS |
| Hajjar, 201053 | 502 | 30-day mortality and severe AE | Cardiac  | hematocrit <24% from the start of surgery until discharge from ICU | hematocrit <30% from the start of surgery until discharge from ICU | Mortality: NSSevere AE: NS |
| Foss, 200965 | 102 | Post-op functional mobility | Orthopedics | <8.0g/dL in peri-op period | <10.0g/dL in peri-op period | Mobility: NSCardiovascular complications: R 10% vs L 2% p=0.05Mortality R 8% vs 0% p=0.02 |
| So-Osman, 200950 |  603 | RBC utilization | Orthopedics | Dependent on patient comorbidities-for healthy patients, <50 years old, transfusion indicated if Hb <6.4g/dL | Dependent on hospital, various liberal transfusion policies in place | Utilization: NSAE: NS |
| Bush, 199749 |  99 | AE | Vascular | 9.0g/dL | 10.0g/dL | NS |

Abbreviations-AE: adverse event, MI: myocardial infarction, NS: not significant, ICU: intensive care unit, op: operative, RBC: red blood cell