*Table A (Supplemental Digital Content): Hemodynamic target parameters and protocol for infusions and erythrocyte transfusion.*

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| **Hemodynamic target parameters during anesthesia**  ASA 1 and 2 patients without cardiac diseases or cerebral insufficiency:  Stroke Volume Variation <12% *and/or*  Cardiac Index > 2.5 L/min/m2 *and/or*  Mean arterial pressure >60mmHg  ASA 3 and 4 patients or patients with cardiac diseases and/or cerebral insufficiency:  Stroke Volume Variation <12% *and/or*  Cardiac Index > 2.5 L/min/m2 *and/or*  Mean arterial pressure >70mmHg  To reach the desired parameter:   1. Start with infusion protocol (see below) 2. If not successful within 15 minutes: 3. Start with norepinephrine as first choice vasopressor |
| **Infusion protocol**  Replacement of urinary output with balanced crystalloid solution in the relationship 1:1. Additionally up to 500 ml crystalloid solution for perspiratio insensibilis.  Replacement of blood loss dependent on treatment assignment, either with albumin 5% or balanced hydroxyethyl starch 6% in the relationship 1:1 up to a transfusion trigger point or a maximum of 30ml/kg/d.  Additionally up to 1500 ml colloid solution for the protein loss into the third compartment. |
| **Guidelines for erythrocyte transfusion**[**1**](#_ENREF_1)   |  |  |  |  | | --- | --- | --- | --- | | Hemoglobin | Risk factors | Transfusion | Evidence level | | < 6 g/dl | - | YES | 1 C+ | | > 6-8 g/dl | Adequately compensation,  No risk factors | NO | 1 C+ | |  | Limited compensation or  Risk factors (cardiac diseases,  cerebrovascular insufficiency) | YES | 1 C+ | |  | Signs for anemic hypoxia  (Tachycardia, hypotension, lactacidosis,  ECG change) | YES | 1 C+ | | 8-10 g/dl | Signs for anemic hypoxia  (Tachycardia, hypotension, lactacidosis,  ECG change) | YES | 2 C | | > 10 g/dl | - | NO | 1 A |   ASA= American Society of Anesthesiologists; ECG=electrocardiogramm. |

1. German Medical Association: Cross-Sectional Guidelines for Therapy with Blood Components and Plasma Derivatives: 1. RBC Concentrates. Transfus Med Hemother 2009; 36: 362-370