Table S3: Summary of findings with GRADE recommendations

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Outcomes | Illustrative comparative risks (95% CI) | Relative effect (95% CI) | Number of subjects (Number of studies) | Quality of the evidence (GRADE) | Comments |
| Assumed risk (standard care group) | Corresponding risk reduction in GDHFT group (95% CI) |
| Mortality for critical care patients | 213 events per 1000 patients | 31 (6 to 55) events avoided per 1000 patients | 0.82 (0.70-0.97) | 4332 (12) | ⨁⨁⨁**moderate\*** |  |
| Myocardial infarction for non-cardiac surgery patients | 19 events per 1000 patients | 12 (1 to 31) events avoided per 1000 patients | 1.66 [1.01-2.70] | 2737 (6) | ⨁⨁⨁**moderate\*** |  |
| Stroke or TIA for critical care patients | 35 events per 1000 patients | 13 (1 to 21) events avoided per 1000 patients | 0.63 (0.40-0.99) | 2913 (5) | ⨁⨁⨁**moderate\*** |  |
| Transfusion reactions for critical care patients | 31 events per 1000 patients | 16 (7 to 22) events avoided per 1000 patients | 0.48 (0.29-0.80) | 3687 (5) | ⨁⨁⨁**moderate\*** |  |
| Allogenic packed red blood cell exposure for critical care patients | 825 events per 1000 patients | 663 (429 to 771) events avoided per 1000 patients | 0.04 (0.01-0.14) | 3945 (8) | ⨁⨁**low\*,**✝ |  |
| Allogenic packed red blood cell exposure for surgical patients | 860 events per 1000 patients | 317 (135 to 512) events avoided per 1000 patients | 0.19 (0.09-0.43) | 5947 (12) | ⨁⨁**low\*,**✝ |  |
| Hospital length of stay for critical care patients | The mean hospital length of stay ranged across control groups from 5 to 35.5 days | The mean hospital length of stay was 1.03 (0.42-1.64) days shorter in the restrictive transfusion trigger group |  | 6768 (6) | ⨁⨁⨁**moderate\*** |  |
| **\***The evidence base was at high risk of bias with significant limitations in the performance of blinding✝High statistical heterogeneity  |