

Table 3.A.1. -- Results

Outcome	Transfused	Not transfused	P value
Patients	131	109	
Average entry Hb	6.9 g/dL	8.1 g/dL	< 0.001
Hospital mortality	8 (6.1%)	1 (0.9%)	0.043
Average oxygen days	8.0 ± 10.4 days	4.0 ± 6.6 days	< 0.001
Mechanical ventilator days	5.6 ± 9.1 days	2.4 ± 4.1 days	0.002
PICU LOS	8.6 ± 9.8 days	5.7 ± 7.6 days	< 0.001
Hospital LOS	18.9 ± 17.6 days	12.4 ± 10.5 days	< 0.001

Table 3.A.2. Increase in resource use

	Oxygen use in days	Mechanical ventilation in days	Vasoactive infusions in days	PICU LOS	Hospital LOS
Effect of RBC transfusion	4.48 ± 1.37 days	4.45 ± 1.10 days	1.27 ± 0.44 days	4.44 ± 1.32 days	7.75 ± 2.36 days
Significance	p<0.0012	P<0.0003	p=0.0047	P=0.0009	P=0.0012

Analysis done after controlling for severity of illness
Goodman, Journal of Peds, 2003

References (3.A.3.)

1. Nahum, E., Ben-Ari, J. & Schonfeld, T. (2004). Blood transfusion policy among European pediatric intensive care physicians. *J Intensive Care Med*, 19(1):38-43.
2. Demaret, P., Tucci, M., Ducruet, T., Trottier, H. & Lacroix, J. (2013). Red blood cell transfusion in critically ill children. *Transfusion*, published online. Retrieved from: <http://onlinelibrary.wiley.com/doi/10.1111/trf.12261/abstract>
3. Armano, R., Gauvin, F., Ducruet, T. & Lacroix J. (2005). Determinants of red blood cell transfusions in a pediatric critical care unit: A prospective, descriptive epidemiological study. *Crit Care Med*, 33(11):2637-2644.
4. Laverdière, C., Gauvin, F., Hébert, P.C., Infante-Rivard, C., Hume, H., Toledano, B.J., Guertin, M.C., Lacroix, J., for the Canadian Critical Care Trials Group. (2002). Survey on transfusion practices of pediatric intensivists. *Pediatr Crit Care Med*, 3(4):335.
5. Slonim AD, Joseph JG, Turenne WM, Sharangpani A, Luban NL. (2008). Blood transfusions in children: a multi-institutional analysis of practices and complications. *Transfusion*, 48(1):73-80.

References (3.A.3.)

6. Bateman, S.T., Boven, K., Forbes, P. et al. (2008). Anemia, blood loss, and blood transfusions in North American children in the intensive care unit. *Am J Respir Crit Care Med*, 178(1):26-33.
7. Istaphanous, G., Wheeler, D., Lisco, S., & Shander, A. (2011). Red blood cell transfusion in critically ill children: A narrative review. *Pediatr Crit Care Med*, 12(2):174-83. doi:10.1097/PCC.0b013e3181e30d09
8. Tyrrell, C.T., & Bateman, S.T. (2012). Critically ill children: to transfuse or not to transfuse packed red blood cells, that is the question. *Pediatr Crit Care Med*, 13(2):204-9. doi:10.1097/PCC.0b013e318219291c
12. Goodman, A.M., Pollack, M.M., Patel, K.M., & Luban, N.L.C. (2003). Pediatric red blood cell transfusions increase resource use. *J Pediatr*, 142:123-7.
13. Shander, A., Hofmann A., Ozawa S., Theusinger, O.M., Gombotz, H., & Spahn, D.R. (2010). Activity-based costs of blood transfusions in surgical patients at four hospitals. *Transfusion*, 50(4):753-65.
14. Marano, G., Pupella S., Vaglio S., Liumbruno, G.M., Grazzini G. (2015). Zika virus and the never-ending story of emerging pathogens and transfusion medicine. *Blood Transfus*. 2015 Nov 5:1-6. doi: 10.2450/2015.0066-15.
15. Musso, D., Nhan, T., Robin, E., Roche, C., Bierlaire, D., Zisou, K., Shan Yan, A., Cao-Lormeau, V.M., Broult, J. (2014). *Euro Surveill*. 2014 Apr 10:19(14). pii: 20761.