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CURRENT FAULTS AND RECOMMENDATIONS FOR TRANSFUSION OF RED BLOOD ASSESSMENT AND CLINICAL EVALUATION OF CHANGES IN HAEMATOCRIT

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The focus of the article is rather situated on current faults and recommendations for transfusion of red blood assessment, clinical evaluation of changes in hematocrit. The main task of therapy for acute massive blood loss is not urgent thoughtless transfusion of red blood cells for the fast recovery of the haemoglobin and haematocrit levels. The oxygen-carrying capacity of blood does not directly reflect the delivery of oxygen to tissues. The severity of the patient's condition depends of individual ability of the organism to resist hypoxia, mechanisms resulting in physiological compensation for the anemia caused by blood loss. The main tasks of therapy are timely maintaining appropriate and effective compensatory adaptive reactions of an organism, providing of the sanogenetic processes. Quickly and comfortable algorithm assessment changes in haematocrit was presented for used in practice. Objective analysis haematocrit and haemoglobin levels should be carried out only in combination with data on blood pressure, pulse rate, respiratory rate, urine output and shock index. Examples of clinical of the variants of changes in haematocrit on the background of the reaction of the basic organism physiological parameters were presented in Table 1. This table is quick and comfortable algorithm assessment changes in hematocrit which need used in practice

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Table 1) the variants of changes in hematocrit on the background of the basic organism physiological parameters

Variants	HCT	Pulse rate	BP	Urine output	Respiration rate	Shock index
I	↓	↑	Normal	Normal	Normal/↑Underload	↑
II	↓	Normal/↓	↑	Normal/↓	Normal/↑	↓
III	↓	↑↑	↓↓	↓↓/Anuria	↑↑	↑↑↑
IV	↑	Normal/↑	Normal/↑	↑/↓	Normal/↑	Normal/↑

Notes: HCT–hematocrit; BP-blood pressure; Shock index=Pulse rate/Systolic blood pressure (normal=0.54). Variant I is hemic hypoxia. Variant II is hypovolemic state. Variant III is mixed form of hypoxia (circulatory + hemic hypoxia) that is caused by massive blood loss. Variant IV is hypovolemic polycythemia