

Developed to support implementation of *Small-volume blood collection tubes to reduce transfusions in intensive care: The STRATUS randomized clinical trial*

## MYTH 1



Small volume (low vacuum) tubes are the same as the tiny neonatal Microtainer® (capillary fill) tubes



Small volume tubes are the same size as standard adult tubes, they just automatically draw in less blood

## MYTH 2

Small volume tubes cannot be processed on laboratory automation or chemistry lines



Small volume tubes can be run on almost all current laboratory automation and chemistry lines



## MYTH 3



Implementing small volume tubes will be too much work to validate and implement



Implementation does not require a complex validation or educational plan to facilitate the transition

## MYTH 4

Small volume tubes cause more sample rejections for hemolysis and insufficient quantity collected



Hemolysis rates are the same or lower and the insufficient volume rejection rate is the same



This resource was created as part of the *Breakthroughs In Blood: Advancements into Action* webinar series, and is designed for educational or informational purposes only. This resource is available at: <https://professionaleducation.blood.ca/en/transfusion/best-practices/breakthroughs-blood-advancing-practice-through-research>

## MYTH 5



Coagulation testing cannot be performed on the small volume tubes



Coagulation test results are identical when drawn in small volume, as compared to standard volume

## MYTH 6

Small volume tubes will not work for blood bank testing as larger volumes are needed for antibody investigations and crossmatches



Only 2% of patients have positive antibody screens and need additional investigations



## MYTH 7



Small volume tubes cost more money than standard volume tubes



Small volume tubes cost the same amount of money as standard volume tubes

## MYTH 8

Small volume tubes do not affect clinical outcomes like reduce the rate of transfusion or hemoglobin level



Small volume tubes save 10 red blood cell (RBC) units per 100 patients and lessen the patients' reduction in hemoglobin in critical care



## MYTH 9



Small volume tubes will not collect enough blood to do all the required laboratory tests



Less than 10% of the blood collected into standard volume tubes is needed to conduct laboratory tests

## MYTH 10

Small volume tubes can only be used in the intensive care unit



Small volume tubes can be implemented widely with targeted education and implementation strategies



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