TRANSFUSION GUIDELINES FOR ADULT PATIENTS

Indications for RBC Transfusion

- Hemoglobin ≤ 7 g/dL – consider transfusing all patients
- Hemoglobin >7 and <10 g/dL - consider transfusing patients with additional clinical indications:
  - active cardiopulmonary disease
  - cerebrovascular disease
  - symptomatic anemia (tachycardia, hypotension not responding to volume replacement in non-febrile patient)
- Rapid blood loss > 30% of BV (> 1500mL)
- Anemia and exchange transfusion for hemoglobinopathy
- Other:__________________________________________

Indications for Platelet Transfusion

- Platelet count < 10,000/µL – in stable patient for prophylaxis
  - Except for diagnoses: TTP, ITP and HIT
- Platelet count between 10,000- 50,000/µL in actively bleeding patient
- Platelet count < 50,000/µL
  - Major surgery or impending invasive procedure
  - Patient in active labor
  - Coagulopathy, including DIC, with bleeding
- Platelet count < 100,000/µL
  - Prophylaxis for neurologic (CNS) or ophthalmologic surgery
- Platelet dysfunction
  - Severe hemorrhage
  - Prophylaxis for major surgery
- Massive transfusion
- Other:__________________________________________

Indications for Plasma Transfusion

- Bleeding with coagulopathy (PT> 19.0 sec, INR> 1.5 or PTT > 44 sec)
  - Factor concentrates should be used for factor VIII, IX and VII deficiency
- Warfarin reversal in life threatening bleeding or emergent surgery (also consider Vitamin K)
- Massive blood transfusion to prevent coagulopathy
- Plasma exchange for thrombotic thrombocytopenic purpura
- Antithrombin deficiency (heparin resistance)
- Other:__________________________________________
Indications for Cryoprecipitate Transfusion

- Hypofibrinogenemia when fibrinogen < 100 mg/dL
- Dysfibrinogenemia with active bleeding
- Factor XIII deficiency
- Fibrin surgical adhesive
- Von Willebrand’s disease and factor VIII deficiency as a life saving measure if virally inactivated and recombinant concentrates are not available, respectively
- Other:__________________________________________

Note: Criteria approved by the Transfusion Committee will be used for prospective and retrospective blood utilization review by the transfusion service.