TRANSFUSION GUIDELINES FOR BLOOD COMPONENTS
Approved by the Methodist Hospital Medical Staff, January 6, 2015

Packed Red Cells

☐ Hemoglobin less than 7 g/dl:

☐ Hemoglobin between 8 g/dl and 9.9 g/dl provided that the patient has documented:
  - CAD with unstable angina, MI, or shock
  - Blood loss of > 30% of blood volume (>1500 ml) not responding to IV fluids
  - Volume replete with need for increased oxygen carrying capacity as evidenced by pulse > 100 or hypoxemia (O2 sat < 90% or pO2 < 70)
  - Syncope
  - Heart failure
  - Hypotension / orthostatic hypotension not responsive to fluid resuscitation

☐ Hemoglobin 10 g/dl or greater:
  - Emergent as indicated by heavy ongoing blood loss or recent massive bleeding
  - Chronic bone marrow failure (e.g. myelodysplasia, leukemia, other)
  - Heavy operative blood loss anticipated
  - Other – please explain:

  NOTE: One unit of packed red cells in an adult, 8 mL/kg pediatric dose, will increase hematocrit by approximately 3% and hemoglobin by 1 g/dL

Platelets

☐ Platelet count ≤ 10,000/ cc³ prophylactically in a patient with failure of platelet production
☐ Platelet count ≤ 20,000/ cc³ and signs of hemorrhagic diathesis (petechiae, mucosal bleeding)
☐ Platelet count ≤ 50,000/ cc³ in a patient with (indicate):
  ☐ Active hemorrhage
  ☐ Invasive procedure (recent, in-progress, planned)
☐ Platelet dysfunction as documented by – specify

  NOTE: A single apheresis unit of platelets will increase the platelet count by 35,000 – 55,000/ cc³ in an adult.

Frozen Plasma

☐ Abnormal coagulation studies and significant hemorrhage
☐ Prophylactic use for PT/APTT >1.5 times the mean of the reference range
☐ Emergent reversal of coumadin (See “Managing Oral Anticoagulant Therapy in Patients with High INR Values” found on ERNIE).

  NOTE: A dose of 10 – 15 mL/kg is usually adequate to correct a coagulopathy. One unit of frozen plasma has a volume of 220 ml.

REFERENCES:
4. AABB, Choosing Wisely, Five Things Physicians and Patients Should Question, April 24, 2014