

Memorial Transfusion Guidelines for Adults

Red Blood Cells

| Clinical Setting | May be indicated at: |
|---|----------------------------------|
| Normovolemic, non-bleeding stable patient | Hgb \leq 7.0 Hct \leq 21% |
| Cardiac disease, lung disease, cerebral disease | Hgb \leq 9.0 Hct \leq 27% |
| Acute hemorrhage with at least 15-20% blood volume loss | Any Hgb |

Platelets

| Clinical Setting | May be indicated at: |
|--|----------------------|
| Non-bleeding stable patient, afebrile | PLT \leq 10,000 |
| Mild bleeding (epistaxis, oozing, petechiae), fever, sepsis, bone marrow transplant patients | PLT \leq 20,000 |
| Active hemorrhage, invasive procedure | PLT \leq 50,000 |
| Intracranial surgery, pulmonary hemorrhage, ophthalmologic surgery, cardiac bypass surgery | PLT \leq 100,000 |
| Bleeding patient with thrombocytopeny | Any PLT count |

Fresh Frozen Plasma and Cryo TEG driven

NOTES:

| |
|---|
| One "DOSE" of platelets = 1 apheresis (single donor) platelet ("six packs" no longer used) |
| FFP dosage: 10-15 ml/Kg (average unit of FFP is 275 ml; minimum dose 2-4 units for 70 Kg patient) |
| Give the smallest amount of product to fill patient needs (even if 1 unit); avoid transfusion if possible |

Not intended to apply to patients with hematologic malignancies, or to patients with any malignancy, whose treatment results in profound or prolonged bone marrow suppression. For those patients, transfusion of red blood cells may be considered for hemoglobin < 8 g/dL, and transfusion of platelets may be considered for platelet count $\leq 20 \times 10^9/L$.

Approved by Memorial Hospital:
UCHealth Medical Executive Council
on April, 2021.