SCL Health Adult Patient Blood Management Guidelines for Blood Products
Based on AABB guidelines

Red Blood Cells (RBC)
- Adult Hospital Patients, Hemodynamically stable, including critically ill – Hemoglobin <7 g/dL
- Adults with Orthopedic Surgery, Cardiac Surgery, Preexisting Cardiovascular Disease – Hemoglobin <8 g/dL
- Restrictive transfusion threshold of 7g/dL is likely comparable with 8g/dL.
- The RBC recommendations above do not apply to the following conditions:
  - Acute Coronary Syndrome
  - Chronic Transfusion Dependent Anemia
  - Severe Thrombocytopenia, including at risk of bleeding in hematological or oncological reasons.
- Transfuse a single unit RBC for non-bleeding, hospitalized patients. Additional units should only be prescribed after re-assessment of the patient and their hemoglobin value
- RBCs of any storage age are acceptable for transfusion for all patients including neonates.

Platelets
- Transfusing up to a single apheresis unit or equivalent is effective for prophylaxis –
  - Greater doses are not more effective
  - Lower doses (equal to ½ of a standard apheresis unit) are equally effective
- Adult Hospital Patients, Prophylaxis - ≤ 10 X 10^9 cells/L (10,000/uL)
  - Adult Hospital Patients, Prophylaxis for therapy-induced hypoproliferative thrombocytopenia
- Central Line Placement, Prophylaxis - ≤ 20 X 10^9 cells/L (20,000/uL)
- Lumbar Puncture Procedure, Prophylaxis - ≤ 50 X 10^9 cells/L (50,000/uL)
- Major Elective Non-Neuraxial Surgery, Prophylaxis - ≤ 50 X 10^9 cells/L (50,000/uL)
- Cardiac Bypass with perioperative bleeding, and with thrombocytopenia and/or evidence of platelet dysfunction
- AABB recommends against:
  - Routine prophylactic platelet transfusion in nonthrombocytopenic cardiopulmonary bypass patients
- AABB cannot recommend for or against:
  - Patients receiving antiplatelet therapy with intracranial hemorrhage

Plasma
- PT or PTT should be indicative of factor levels of 30% or lower, or the INR should be >2.0 before prophylactic plasma is used.

Cryoprecipitated, AHF
- Fibrinogen <100 mg/dL
- Uremic bleeding, if DDAVP is ineffective or after tachyphylaxis
- In Hemophilia A, vWF and Factor XIII deficiency when specific factor concentrates are NOT available.
- As a fibrin sealant if a commercial, standardized and virally inactive fibrin sealant is NOT available.

Note: Certain clinical situations such as Massive Transfusion Protocol, OB Hemorrhage and Therapeutic Plasma Exchange have their own guidelines and will be addressed separately.
All sites provide CMV-safe blood. Consult the lab for more information about methods for at-risk populations.

References: