f suspected reaction: 1. STOP transfusion	2. Obtain vital signs, assess patient 3. Keep IV patent 4. Notify ordering MD & Blood Bank
Saline washing, volume reduction or HLA matched platelets	<ul> <li>Discuss with Transfusion Service Medical Director</li> </ul>
Fresh blood (<7 days old):	<ul> <li>Large volume transfusions (exchange transfusion, CV surgery)</li> </ul>
Sickle Negative RBCs	Sickle cell disease
s288 bəhətsməqytonəhq	Chronic transfusion regimen
enkoreduced products	<ul> <li>Intrauterine transfusion to fetuses of CMV-seronegative mothers</li> </ul>
platelets); considered equivalent to	<ul> <li>Newborns weighing &lt;1500 grams</li> </ul>
CMV Seronegative Products (RBCs,	<ul> <li>CMV-seronegative BMT, HPC, heart or lung transplant (except liver) candidates or recipie</li> </ul>
	Intrauterine/exchange transfusions
	<ul> <li>Patients receiving purine analog drugs</li> </ul>
ALL CHILDREN Irradiated Products (RBCs, Platelets)	<ul> <li>Donations from blood relatives</li> </ul>
	<ul> <li>HLA-matched platelets</li> </ul>
	immune deficiency
	<ul> <li>Patients with hematological malignancies, Hodgkin's lymphoma, congenital/acquired</li> </ul>
	• Infants ≤12 months of age
	<ul> <li>BMT or HPC transplant recipients or donors</li> </ul>
	inactivated or recombinant concentrate is unavailable or DDAVP is not appropriate.
	<ul> <li>Hemophilia A (deficiency in factor VIII) or von Willebrand disease-only when virally-</li> </ul>
Cryoprecipitate	procedure <sup>±</sup>
	<ul> <li>Replacement therapy in Factor XIII deficiency with active bleeding or undergoing an invas</li> </ul>
ALL CHILDREN	invasive procedure
	• Hypofibrinogenemia (fibrinogen <125mg/dL or Dysfibrinogenemia with active bleeding o
	qTT •
Dose: 10-20 ml/kg of body weight	<ul> <li>Emergent correction of Vitamin K deficiency or warfarin reversal</li> </ul>
	<ul> <li>Specific factor concentrate not available</li> </ul>
(approx 200-325 mL/unit)	<ul> <li>Multiple coagulation factor deficiency (liver disease)</li> </ul>
	<ul> <li>Replacement therapy for clinically significant factor deficiency</li> </ul>
ALL CHIDREN	<ul> <li>DIC, masssive transfusion, ECMO or CPB</li> </ul>
Naddiis iiv	<ul> <li>Documented coagulopathy and bleeding or thrombosis</li> </ul>
PEDIAL KIC I RANSTUSION GUIDGEINGS	



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## PEDIATRIC Transfusion Guidelines



PEDIATRIC Transfusion Guidelines		
Component	Indications for Pediatric Transfusion	
CHILDREN < 4 MONTHS of AGE  Leukoreduced Red Blood Cells: Supplied as 90mL/pedi unit or 40mL/pedi unit  Dose: 10-15 mL/kg body weight; Hgb ↑2-3 gm/dL (Hct ↑6%)	<ul> <li>Massive blood loss</li> <li>Hgb &lt;8g/dL (Hct &lt;24%) in stable neonates with s/s anemia</li> <li>Hgb &lt;10g/dL (Hct &lt;30%) in neonates with: <ul> <li>Oxygen requirements &lt;35% by hood or nasal cannula</li> <li>On CPAP or stable ventilator settings</li> <li>Significant apnea, bradycardia, tachycardia or tachypnea</li> <li>Low weight gain</li> </ul> </li> <li>Hgb &lt;12g/dL (Hct &lt;35%) in neonates with: <ul> <li>FiO2 requirements ≥35%</li> <li>Deteriorating respiratory status</li> <li>Hypotension, shock, use of vasopressors</li> <li>After major surgery or traumatic brain injury</li> </ul> </li> <li>Hgb &lt;15g/dL (Hct &lt;45%) in infants with cyanotic heart disease</li> </ul>	
CHILDREN > 4 MONTHS of AGE  Leukoreduced Red Blood Cells: (approx. 300-350 mL)  Dose: 10-15 mL/kg body weight; if weight >50 kg, give 1 adult unit; Hgb ↑2-3g/dL (Hct ↑6%)	<ul> <li>Acute blood loss (&gt;15% total blood volume)</li> <li>Hgb &lt;8g/dL: <ul> <li>Emergent/urgent surgery</li> <li>Symptomatic anemia</li> <li>Chemotherapy/radiation therapy</li> <li>Hemodynamically stable pediatric ICU pt</li> </ul> </li> <li>Hgb &lt;10g/dL: Severe brain injury</li> <li>Hgb &lt;13g/dL: <ul> <li>Cyanotic heart disease; use of ECMO; severe pulmonary disease</li> </ul> </li> <li>Patients with hemoglobinopathy on chronic transfusion regimen</li> </ul>	
ALL CHILDREN: Leukoreduced Platelets (SDP): (approx. 250 mL/apheresis unit)  Dose:: 10-15 mL/kg body weight (neonate) -If wt. <10 kg, give ¼ adult apheresis unit -If wt. 10-30 kg, give ½ adult unit -If wt. >30 kg, give 1 adult unit	<ul> <li>Active bleeding or prior to invasive procedure</li> <li>Platelet &lt;50,000/μL</li> <li>Platelet &lt;100,000/μL in sick preterm neonate, PICU patient or CNS surgery</li> <li>Platelet dysfunction</li> <li>Massive transfusion protocol</li> <li>Prophylactic use if platelet &lt;10,000/μL based on age &amp; other risks for bleeding</li> </ul>	

Expected Plt rise: 30,000-50,000/µL(all doses)

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