# UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE – JACKSONVILLE Resident Manual

## TRANSFUSION GUIDELINES FOR PEDIATRIC PATIENTS

#### **Indications for RBC Transfusion**

In premature neonates <37 weeks gestational age

- Hematocrit < 40% (Hgb <13 g/dL), and any of these following conditions:</li>
  - Mechanical ventilation with mean airway pressure ≥8 cm H<sub>2</sub>O
  - Cyanotic congenital heart disease or congestive heart failure
  - Interhospital or intrahospital transport on mechanical ventilation
  - Major surgery
- Hematocrit < 35% (Hgb <12 g/dL),, and any of the following conditions:
  - Receiving >0.35 supplemental oxygen by hood or CPAP
  - Mechanical ventilation with mean airway pressure 6 8 cm H<sub>2</sub>O
- Hematocrit < 30% (Hgb <10 g/dL),, and any of the following conditions</li>
  - Receiving ≤0.35 supplemental oxygen by hood or CPAP
  - Mechanical ventilation with mean airway pressure ≤6 cm H<sub>2</sub>O
  - Apnea or bradycardia (≥2 episodes in 24 h requiring bag and mask ventilation) without any definite cause
  - Heart rate ≥180 beats/min or respiratory rate ≥80 breaths/min for 24h without any definite cause
  - Weight gain <10g/kg/day for 4 days, while receiving ≥100 cal/kg/day</li>
  - Minor surgery
- Hematocrit < 20% (Hgb <7 g/dL),, and any of the following conditions
  - Asymptomatic with reticulocyte count <2%</li>
  - Symptomatic anemia

•	Other:			

### < 4 months of (chronological) age

- Hematocrit < 30% (Hgb <10 g/dL), term neonates < 24 hours old</li>
- Hematocrit < 35% (Hgb <12 g/dL), and at least one of the following conditions:
  - Severe cardiopulmonary disease (heart failure, cyanotic heart disease, ventilator support with high volume oxygen or ECMO)
- Symptomatic anemia if <u>no other therapy</u> (i.e., iron, folate ,etc) is likely to correct the anemia
- Acute blood loss > 10% of total blood volume (8-9 mL/kg body weight)
- Anemia and exchange transfusion for hemolytic disease of newborn
- Hematocrit < 24% (Hgb < 7 g/dL), in stable infants with clinical manifestation of anemia
  - tachycardia, tachypnea, failure to thrive
- Other:

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#### > 4 months of age

- Hemoglobin < 8 g/dL</li>
  - o Intra- and postoperative period with symptomatic anemia
  - Chemotherapy or radiation therapy
  - o Chronic congenital or acquired symptomatic anemia
- Intraoperative blood loss of ≥15% of total blood volume (>10 mL/kg)
- Acute blood loss with hypovolemia not responsive to crystalloids or colloid
- Hemoglobin < 13 g/dL and severe pulmonary disease, cyanotic heart disease or heart failure
- Sickle cell disease with one of the following:
  - o Cerebrovascular accident
  - Acute chest syndrome
  - o Splenic and/or hepatic sequestration
  - o Recurrent priapism
  - o Preparation for surgery with general anesthesia

### **Indications for Platelet Transfusion**

### Premature infants (gestational age <37 weeks)

- Platelet count < 50,000/µL stable preterm infant
- Platelet count < 100,000/µL sick preterm infant</li>

#### All other patients

- Platelet count < 20,000/µL</li>
- Platelet count < 50,000/µL
  - Actively bleeding patient
  - o Major surgery or impending invasive procedure
  - o Coagulopathy, including DIC, with bleeding
- Platelet count < 100,000/μL</li>
  - o Prophylaxis for neurologic (CNS) or ophthalmologic surgery
- Platelet dysfunction
  - o Severe hemorrhage
  - o Prophylaxis for major surgery

•	Other:			

#### **Indications for Plasma Transfusion**

- Bleeding with coagulopathy (PT> 19.0 sec, INR> 1.5 or PTT > 44 sec)
  - o 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)

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- Massive blood transfusion to prevent coagulopathy
- Plasma exchange where plasma is beneficial
- Replacement therapy for antithrombin, protein C and S deficiencies
- Other:\_\_\_\_\_

## **Indications for Cryoprecipitate Transfusion**

- Hypofibrinogenemia when fibrinogen < 100 mg/dL</li>
- Dysfibrinogenemia with active bleeding
- Factor XIII deficiency
- Fibrin surgical adhesive
- Other:\_\_\_\_\_

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