

**UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE – JACKSONVILLE
Resident Manual**

TRANSFUSION GUIDELINES FOR ADULT PATIENTS

Indications for RBC Transfusion

- Hemoglobin ≤ 7 g/dL – consider transfusing all patients
- Hemoglobin >7 and <10 g/dL - consider transfusing patients with additional clinical indications:
 - active cardiopulmonary disease
 - cerebrovascular disease
 - symptomatic anemia (tachycardia, hypotension not responding to volume replacement in non-febrile patient)
- Rapid blood loss $> 30\%$ of BV (> 1500 mL)
- Anemia and exchange transfusion for hemoglobinopathy
- Other: _____

Indications for Platelet Transfusion

- Platelet count $< 10,000/\mu\text{L}$ – in stable patient for prophylaxis
 - Except for diagnoses: TTP, ITP and HIT
- Platelet count between $10,000$ - $50,000/\mu\text{L}$ in actively bleeding patient
- Platelet count $< 50,000/\mu\text{L}$
 - Major surgery or impending invasive procedure
 - Patient in active labor
 - Coagulopathy, including DIC, with bleeding
- Platelet count $< 100,000/\mu\text{L}$
 - Prophylaxis for neurologic (CNS) or ophthalmologic surgery
- Platelet dysfunction
 - Severe hemorrhage
 - Prophylaxis for major surgery
- Massive transfusion
- Other: _____

Indications for Plasma Transfusion

- Bleeding with coagulopathy (PT > 19.0 sec, INR > 1.5 or PTT > 44 sec)
 - 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)
- Massive blood transfusion to prevent coagulopathy
- Plasma exchange for thrombotic thrombocytopenic purpura
- Antithrombin deficiency (heparin resistance)
- Other: _____

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Indications for Cryoprecipitate Transfusion

- Hypofibrinogenemia when fibrinogen < 100 mg/dL
- Dysfibrinogenemia with active bleeding
- Factor XIII deficiency
- Fibrin surgical adhesive
- Von Willebrand's disease and factor VIII deficiency as a life saving measure if virally inactivated and recombinant concentrates are not available, respectively
- Other:_____

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