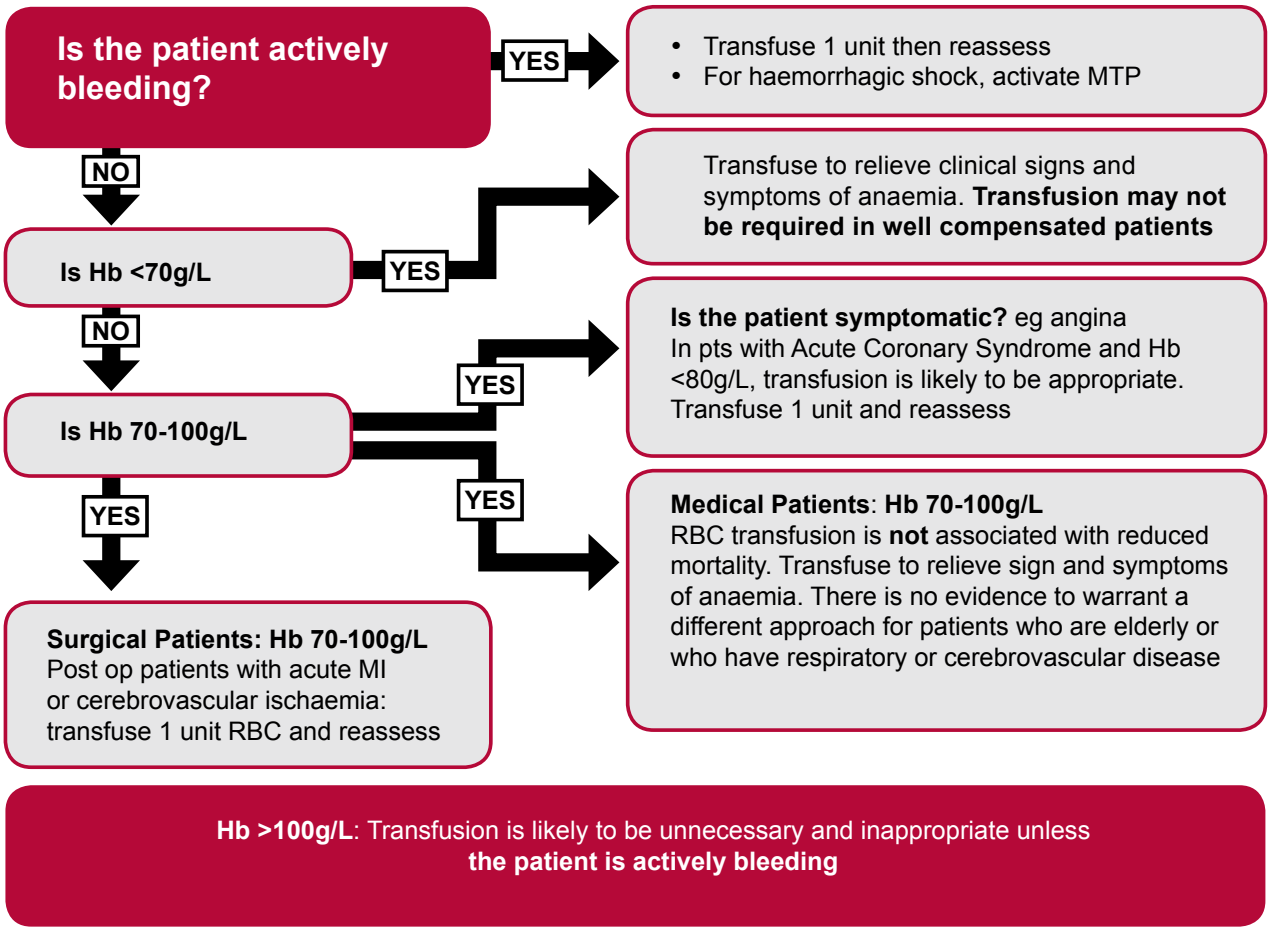
SCGH Patient Blood Management Transfusion Guidelines[1]

- **RBC transfusion should not be dictated by Haemoglobin alone but based on assessment of the patient's clinical status.**
- **In patients with iron deficiency or depleted iron stores, replacement iron therapy is indicated**



Component	Clinical code	Indication for Transfusion
RBC	1	Active bleeding
	2	Symptomatic anaemia
	3	Bone Marrow Suppression
Platelets	4	Bone Marrow Failure Plt count <$10x10^9$/L in absence of risk factors
	5	Bone Marrow Failure Plt count <$20x10^9$/L in presence of risk factors: fever, sepsis
	6	Plt count < $50x10^9$/L with invasive procedure planned
	7	Surgical/invasive procedure: maintain Plt count >$50x10^9$/L
	8	Platelet dysfunction: medical or drug related
	9	Massive Haemorrhage/Transfusion
FFP	10	Liver Disease in the presence of bleeding or at risk of serious bleeding
	11	Multiple coagulation deficiencies: use specific coagulation factors when available
	12	Plasma exchange procedure
	13	Massive Haemorrhage/Transfusion
	14	[2]Warfarin reversal in clinically significant bleeding: in addition to Prothrombinex
Cryoprecipitate	15	Disseminated Intravascular Coagulopathy (DIC)
	16	Fibrinogen Deficiency
	17	Coagulation factor deficiencies
Other	18	Albumex / IVIg / other plasma derived products

Consider consultation with Transfusion Haematologist via Switch, Transfusion Medicine Unit ext 834018 or page 4467.
Transfusion CNC page 4815, Patient Blood Management CNC page 4179

1 Adapted from the National Blood Authority, Patient Blood Management Guidelines: Module 2 Perioperative and Module 3 Medical. (2012) www.nba.gov.au
2 Refer to Warfarin Reversal Guidelines in Transfusion Policy Manual