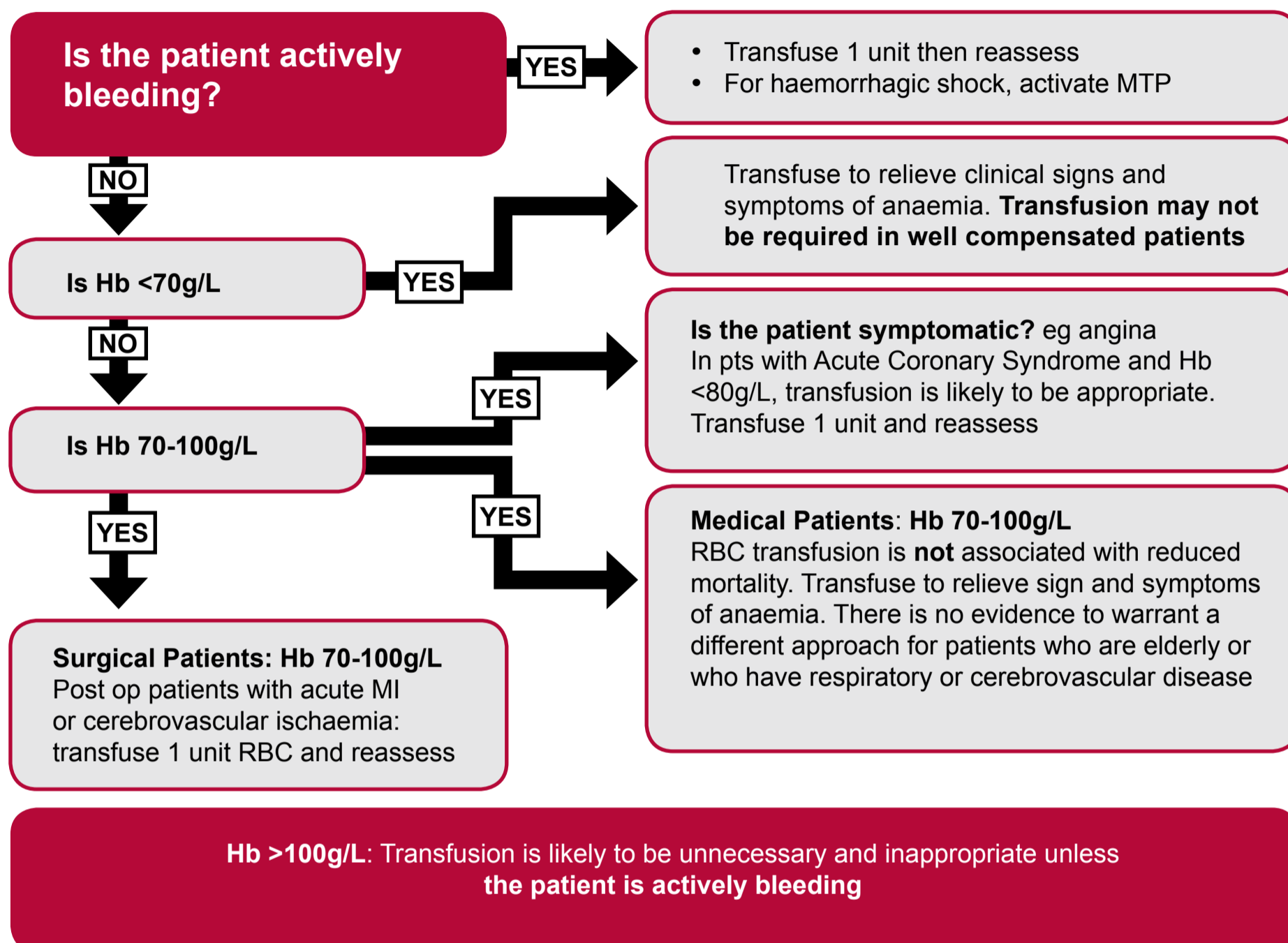


# SCGH Patient Blood Management Transfusion Guidelines<sup>1</sup>

- 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 <sup>9</sup> /L in absence of risk factors
	5	Bone Marrow Failure Plt count <20x10 <sup>9</sup> /L in presence of risk factors: fever, sepsis
	6	Plt count < 50x10 <sup>9</sup> /L with invasive procedure planned
	7	Surgical/invasive procedure: maintain Plt count >50x10 <sup>9</sup> /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	<sup>2</sup> 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

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