PROCEDURE

Title: Criteria for Blood and Blood Products

Procedure #: 2015BLOODBANK94

Institution: Highlands Regional Medical Center

Address: 3600 Highlands Avenue, Sebring Florida 33870

Prepared by: Anita Smith Date: 6/12/2015

Title: Laboratory Administrative Director

Accepted by: _____ Date: 6/12/15

Title: Laboratory Medical Director

Date Patient Testing Implemented: 6/12/2015

Review of procedure every two years

Reviewed by: _____ Date: _____

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Reviewed by: _____ Date: _____

Discontinued testing date: _____

Policy Title: Criteria for Blood_Blood Products Policy

Audience: Laboratory Staff, Nursing Staff

References and Citations:

POLICY: To assure the proper utilization of blood products for proper patient care and safety.

PROCEDURE:

Indications for transfusion:

Criteria for Packed Red Cells:

1. Hgb and/or Hct </= 7.0g/dl and/or 21%.
2. Hgb and/or Hct </= 8.0g/dl and/or 24% with documented ischemic risk:
    a. Inadequate cardiac output.
    b. Coronary artery disease (e.g.,recent or remote myocardial infarction).
    c. Cerebrovascular disease (e.g.,stroke).
    d. Peripheral vascular disease (e.g.,intermittent claudication).
    e. Chronic pulmonary disease.
    f. Tachycardia and hypotension.
    g. To increase oxygen carrying capacity when other options are not possible.
3. Acute blood loss, measured or anticipated to be 15-30% of total blood volume.
4. Symptomatic chronic anemia not secondary to B12, folic acid, or iron deficiency.(Tachycardia, dyspnea/tachypnea,light-headedness, syncope, decreased functional capacity, exercise intolerance, claudication,fatique) or when no other medical or surgical therapy has or is likely to correct the anemic state.
5. Vasoocclussive crisis or intercurrent illnesses in patients with sickle cell disease.
6. Indication for autogolous transfusion: Hgb 8.0g/dl and/or Hct 24% with documented systemic anemia.
7. Pre and post Hgb and/or Hct required.

Fresh Frozen Plasma:

1. INR >1.6, PT > 16 seconds or > 1.5 times the midpoint of the reference range and/or PTT > 37 seconds in a bleeding patient with non-specific or undiagnosed coagulation defect documented.
2. Documented isolated coagulation factor deficiencies other than Factor VIII, IX, XIII (i.e., II, V, VII, IX, X, XI).
3. Vitamin K deficiency
4. Plasminogen or antiplasmin liver disease
5. Disseminated intravascular coagulation (DIC)
6. Reversal of Coumadin in an actively bleeding patient or when emergency surgery is required.
7. In massive transfusion (>10 units PRBC/24 hours).
8. Coagulopathy or other possible bleeding complications in surgical patients.
9. Pre and Post PT/PTT required.

Platelets:

1. Bleeding in a patient with platelet count of</= 50,000.
2. Prophylactically in a stable patient with platelet count of </= 10,000, non-febrile-stable, </= 20,000, febrile-nonstable
3. Prophylactically in a stable patient with a platelet count </= 50,000, if scheduled for surgery within 12 hours.

4. Patients with documented (clinically and with laboratory studies) platelet dysfunction (e.g. platelet pool storage disease or anti-platelet drug).
5. Neurosurgical patient with platelet count <100,000
6. In massive transfusion with documented thrombocytopenia and clinical evidence of a coagulopathy.
7. Life threatening hemorrhage in patient with Idiopathic Thrombocytopenic Purpura/TTP. MUST JUSTIFY.
8. Pre and post platelet count required.

Cryoprecipitate:

1. Documented Hemophilia-A with bleeding, trauma, or planned surgery, if Factor VIII unavailable.
2. For the treatment or prevention of bleeding associated with certain known or suspected clotting factor deficiencies.
3. Documented Von Willebrand's disease with bleeding, trauma, or planned surgery if DDAVP is ineffective or not indicated (Type I/IIB) and Humate-P is unavailable.
4. Documented Factor VIII deficiency.
5. Congenital or acquired fibrinogen deficiency with DIC, bleeding, trauma, or planned surgery.
6. Dysfibrinogenemia
7. Cases of massive transfusion (10 units PRBC/24 hours).
8. Severe liver disease with bleeding.
9. Fibrinogen </= 100, surgery or invasive procedure scheduled, or
10. Fibrinogen </= 150, with active hemorrage
11. Pre and Post PT/PTT/Fibrinogen/or factor assays required.

The Blood Bank Supervisor will evaluate each transfusion for acceptable criteria. For any transfusion that does not meet initial criteria for transfusion will be referred to the Laboratory Medical Director for review. Any transfusion that cannot be validated by the Medical Director will be sent for peer review. The transfusing physician will be sent a letter asking for additional information with regards to transfusing the patient in question.