|  |  |  |  |
| --- | --- | --- | --- |
| **Attachment Title:** | **BBK GUIDE Product Selection** | | |
| **Attachment Number:** | BRENHAM.LAB.TRM.005.A\_V2 | **Last Review/Revision Date:** | 8/24/2018 |

**BLOOD PRODUCT SELECTION CHART**

**RED BLOOD CELLS**: Select red cell products group & type for transfusion using the following chart:

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient** | **1st Choice** | **Alternate Choice** | **Physician approval required** |
| O Pos | O+ | O- | NA |
| A Pos | A+ | A-, O+,O- | NA |
| B Pos | B+ | B-,O+,O- | NA |
| AB Pos | AB+ | AB-,A+,A-,B+,B-,O+,O- | NA |
| O Neg | O- | → | O+ in emergency |
| A Neg | A- | O- | A+ in emergency |
| B Neg | B- | O- | B+ in emergency |
| AB Neg | AB- | A-, B-, O- | A+,B+,O+ or AB+ in emergency |

**\*Group & Type Specific Preferred** **Unknown Type: O Negative ONLY**

**PLATELET PRODUCTS**: Select platelet products for transfusion using the following chart:

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient** | 1st Choice | Alternate Choice | Physician approval required |
| O | O | A, B, AB | NA |
| A | A | AB | B,O |
| B | B | AB | A,O |
| AB | AB | AB | A,B,O |
| D- Female <50 | D- | D+ | D+ |
| Neonatal recipient | Type-Specific | AB | Any other blood group |

**FRESH FROZEN PLASMA (FFP) OR THAWED PLASMA**: Select fresh frozen plasma products for transfusion using the following chart:

|  |  |  |
| --- | --- | --- |
| **Patient** | 1st Choice | Alternate Choice |
| O | O | A, B, AB |
| A | A | AB |
| B | B | AB |
| AB | AB | None |