

# Platelet Transfusion Care Pathway

Prevention

## Prevention of Thrombocytopenic Bleeding

**Criteria for Prophylactic Platelet Transfusions:**

- use a platelet threshold below  $10 \times 10^9/L$  in patients without risk factors for bleeding
- consider using a platelet threshold greater than  $10 \times 10^9/L$  in:
  - patients with high fever, hyperleukocytosis, rapid fall in platelet count or coagulopathy
  - situations where transfusions may not be readily available in case of emergencies, such as outpatients who do not live close to the treatment center
- consider using a platelet threshold of 40 to  $50 \times 10^9/L$  in patients undergoing major invasive procedures in the absence of coagulopathy
- use the usual platelet threshold (defined above) in patients having procedures such as bone marrow aspiration or biopsy with a low risk of bleeding

**Do not transfuse platelets prophylactically in patients with:**

- heparin-induced thrombocytopenia
- chronic bone marrow failure
- autoimmune thrombocytopenia
- thrombotic thrombocytopenic purpura

Assessment

## Assessment

Ensure routine monitoring for transfusion related reactions

Treatment

## Treatment

Dose and administer platelets using institutional standards

If platelet transfusions are administered before a procedure, consider obtaining a post-transfusion platelet count to ensure the desired platelet count has been reached

For refractoriness (at least two consecutive transfusions with poor response), consider using HLA matched platelet transfusions