### PEDIATRIC Transfusion Guidelines

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<th>Component</th>
<th>Indications for Pediatric Transfusion</th>
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<td><strong>CHILDMN &lt; 4 MONTHS of AGE</strong></td>
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| Leukoreduced Red Blood Cells: Supplied as 90mL/pedi unit or 40mL/pedi unit | - Massive blood loss  
- Hgb < 8g/dL (Hct < 24%) in stable neonates with s/s anemia  
- Hgb < 10g/dL (Hct < 30%) in neonates with:  
  - Oxygen requirements < 35% by hood or nasal cannula  
  - On CPAP or stable ventilator settings  
  - Significant apnea, bradycardia, tachycardia or tachypnea  
  - Low weight gain  
- Hgb < 12g/dL (Hct < 35%) in neonates with:  
  - FiO₂ requirements ≥ 35%  
  - Deteriorating respiratory status  
  - Hypotension, shock, use of vasopressors  
  - After major surgery or traumatic brain injury  
- Hgb < 15g/dL (Hct < 45%) in infants with cyanotic heart disease |
| **CHILDMN > 4 MONTHS of AGE** | | |
| Leukoreduced Red Blood Cells: (approx. 300-350 mL) | - Acute blood loss (>15% total blood volume)  
- Hgb < 8g/dL:  
  - Emergent/urgent surgery  
  - Symptomatic anemia  
  - Chemotherapy/radiation therapy  
  - Hemodynamically stable pediatric ICU pt  
- Hgb < 10g/dL: Severe brain injury  
- Hgb < 13g/dL:  
  - Cyanotic heart disease; use of ECMO; severe pulmonary disease  
  - Patients with hemoglobinopathy on chronic transfusion regimen |
| **ALL CHILDMN: Leukoreduced Platelets (SDP):** (approx. 250 mL/apheresis unit) | - Active bleeding or prior to invasive procedure  
- Platelet < 50,000/µL  
- Platelet < 100,000/µL in sick preterm neonate, PICU patient or CNS surgery  
- Platelet dysfunction  
- Massive transfusion protocol  
- Prophylactic use if platelet < 10,000/µL based on age & other risks for bleeding |

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