

# Platelet transfusion

## Recommended platelet transfusion criteria

Indications for platelet transfusion:

1. thrombocytopenia due to ↓ production (with or without increased destruction) (the most common causes are aplastic anemia and [leukemia](#))

a)  $PC < 10K$  even if no bleeding (prophylactic transfusion to prevent bleeding)

b)  $PC < 20K$  and bleeding

c)  $PC < 30K$  and patient at risk for bleeding: complaints of H/A, presence of confluent (c.f. scattered) petechiae, continuous bleeding from a wound, increasing [retinal hemorrhage](#)

d)  $PC < 50K$  AND

- major surgery planned within 12 hours
- PC rapidly falling
- patient < 48 hours post-op
- patient requires lumbar puncture
- acute blood loss of > 1 blood volume in < 24 hours

2. platelet transfusions have limited usefulness when thrombocytopenia is due to platelet destruction (e.g. by antibodies as in ITTP) or consumption (if production is adequate or increased, platelet transfusion usually will not be useful)

3. documented platelet dysfunction in a patient scheduled for surgery or in a patient with advanced hepatic and/or renal insufficiency (consider pharmacologic enhancement of platelet function, e.g. desmopressin) Other indications for platelet transfusion:

1. patients who have been on Plavix® or aspirin who need urgent surgery that cannot be postponed for ≈ 5 days to allow new platelets to be synthesized

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For [platelets](#), [transfusion](#) thresholds should be at least 50,000/mm<sup>3</sup> for patients without and 100,000/mm<sup>3</sup> for patients with evidence of [hemorrhage](#). Reversal of antiplatelet therapy with [platelet transfusion](#) is advisable only in patients with active bleeding. Tests for platelet function are helpful in determining an adequate platelet transfusion in these situations.

see [Platelet transfusion for intracerebral hemorrhage](#).

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