

Transfusion

There are three primary blood products that are often transfused in [traumatic brain injury](#): [packed red blood cells](#) (pRBCs), [platelets](#), and [plasma](#).

For pRBCs, [hemoglobin](#) thresholds for transfusion in [anemia](#) should be set at 7 g/dl.

Higher threshold is warranted only when the patient is clinically symptomatic.

For platelets, transfusion thresholds should be at least 50,000/mm(3) for patients without and 100,000/mm(3) 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.

[Fresh frozen plasma](#) transfusion for correction of [warfarin](#)-induced [coagulopathy](#) is also advisable in patients with active bleeding. If available, activated [factor VII](#) can be used in refractory cases. [Prothrombin complex concentrates](#) are also another alternative in refractory situations. Transfusion goals for patients with evidence of hemorrhage should be an [International Normalized Ratio](#) of 1.3 or less ¹⁾.

see [Prophylactic plasma transfusion](#).

Red Blood Cell Transfusion

[Red Blood Cell Transfusion](#).

Plasma transfusion

[Plasma transfusion](#).

¹⁾

Reddy GD, Gopinath S, Robertson CS. Transfusion in Traumatic Brain Injury. Curr Treat Options Neurol. 2015 Nov;17(11):46. doi: 10.1007/s11940-015-0379-9. PubMed PMID: 26407615.

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