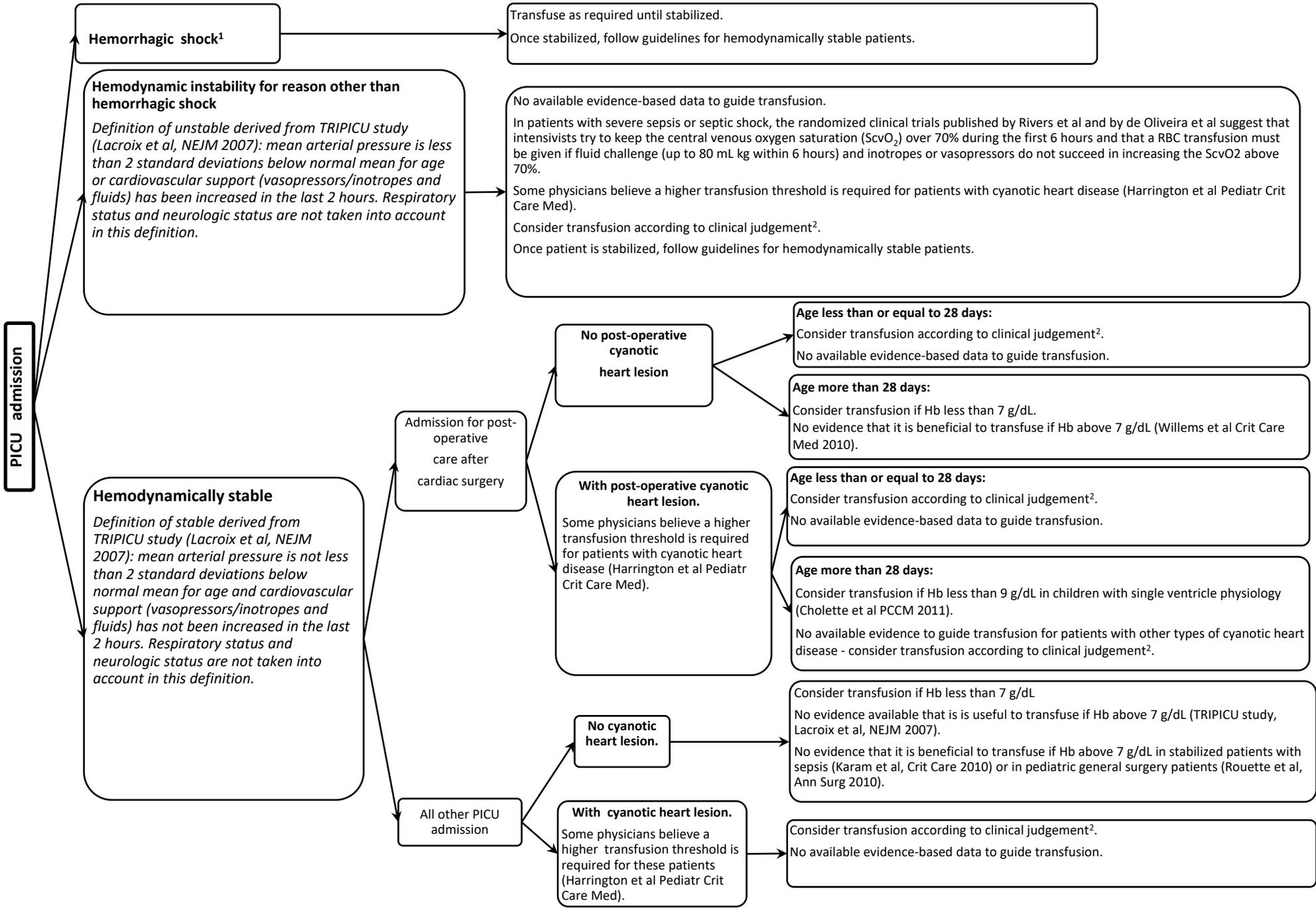


Transfusion guidelines



¹ The Hb level observed while a patient is actively and acutely bleeding does not immediately reflect the volume of blood that has been lost. Most experts in critical care medicine and in transfusion medicine believe that RBC transfusion is mandatory in hemorrhagic shock, regardless of the Hb concentration.

² In a survey conducted by Laverdière et al, pediatric intensivists stated they would use a higher Hb threshold (an increase of 10 g/L or more) if one of the following determinants is observed: age less than 2 weeks, very low PaO₂ (less than 26 mmHg in the publication), high serum lactate level, high severity of illness score (PRISM score of 17 rather than 4), active gastric bleeding, upcoming emergent surgery. Some practitioners may use physical exam or central venous oxygen saturation or other information to evaluate the adequacy of O₂ delivery but there are no hard data to support the use of these indicators to justify RBC transfusion.

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