GOVERNMENT OF WEST BENGAL

DEPARTMENT OF HEALTH & FAMILY WELFARE WBSAP&CS

1st Floor, Wing-B, Swasthya Bhavan, GN-29, Sector V, Salt Lake, Kolkata-700091

Memo No. WBSAPCS/2B-30-2019/488

Date: 08.11.19

Guidelines of Platelet Transfusion

It is being observed that while treating dengue cases physicians are using platelet inadvertently without focusing on actual indications of platelet transfusion which is not in accordance with the platelet transfusion guidelines issued by WHO and GOI. In order to prevent inadvertent use and also to streamline rational use of Random Donor Platelet (RDP) physicians should follow the following guidelines:-

- 1. Prophylactic platelet transfusion can be given where the platelet counts is below 10000 / cu.mm without bleeding.
- 2. No need of prophylactic platelet transfusion in cases having platelet count between 10000 and 20000/cu.mm without bleeding.
- 3. Thrombocytopenia in dengue patients is transient and short-lived and there is no necessity of repeated or chronic platelet transfusion in this condition. Therefore, platelet transfusion may be given with ABO across RDP in this clinical setting.
- 4. While transfusing ABO across platelets, selection of O group RDP should preferably be discouraged.
- 5. Rh negative subjects can be transfused with Rh positive platelets into all adult male and female beyond child bearing age.
- 6. Rh negative female child, pregnant woman and woman of child bearing age should be transfused with Rh negative platelets.
- 7. ABO compatible or identical platelets are ideally selected for transfusion into pediatric patients.
- 8. In cases where platelet count is above 20,000/cu.mm in the background of systemic massive bleeding (WHO grade II or more), decision of platelet transfusion has to be taken on individual case to case basis.
- 9. In case of systemic bleeding in dengue, correction of underlying coagulopathy has to be ensured in addition to giving platelet transfusion.
- 10. While asking for platelet, the physician/Bed-in-charge (BIC) must mention clearly "Group specific / Any group" on the requisition so that the concerned blood banks would be able to provide RDP without any delay according to specific need and availability of stock of platelet.
- 11. One should keep in mind the possible adverse reactions of platelet transfusion. Some of them are life threatening. These are as follows:-
- i) Febrile Non-Hemolytic Transfusion Reactions (FNHTR)
- ii) Transfusion Related Acute Lung Injury (TRALI)
- iii) Transfusion Related Immuno-Modulation (TRIM)
- iv) Anaphylactic Reaction
- v) Bacterial Sepsis
- vi) Transfusion Associated Circulatory Overload (TACO)
- vii) Transfusion Associated Dyspnoea (TAD)
- viii) Transfusion Transmitted Diseases (TTD) etc.

Therefore, inadvertent use of platelet should always be discouraged and avoided.

All concerned are directed to circulate this guideline amongst all clinicians / physicians attached to all the health facilities (both Government and Private) across West Bengal.

Director of the Health Services
Department of H&FW

Director of Medical Education
Department of H&FW

Memo No. WBSAPCS/2B-30-2019/

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Date: 08.11.19

Copy forwarded for information to:

- 1) The MD NHM
- 2) The Addl. Secretary, Dept. of H&FW & Project Director, WBSAP&CS
- 3) PS to Secretary, Dept. of H&FW

Director of the Health Services
Department of H&FW

Director of Medical Education
Department of H&FW

Memo No. WBSAPCS/2B-30-2019/ 488 /2(15) Copy forwarded for information and taking necessary action to:

Date: 08.11.19

- 1) Principal,Medical College & Hospital (All)
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- 4) Jt. Director (Blood Safety), WBSAP&CS
- 5) DDHS (Admn.)
- 6) DDHS (Hospital Admn.)
- 7) Director, IBTM&IH
- 8) ADHS (Clinical Establishment) with the direction to circulate this amongst all the health facilities (both Government and Private) under his jurisdiction.
- 9) CMOH,District including Health District (All) with the direction to circulate this amongst all the health facilities (both Government and Private) under their jurisdiction.
- 10) State Programme Officer, State Blood Cell.
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Director of the Health Services
Department of H&FW

Director of Medical Education Department of H&FW

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