

“The largest variation of triggers was observed for lumbar punctures and removal of central venous catheters” Kreuger et al (2015).

Reference:

Kreuger, A.L., Middelburg, R.A., Zwaginga, J.J., van der Bom, J.G. and Kerkhoffs, J.L. (2015) Clinical practice of platelet transfusions in haemato-oncology. Vox Sanguinis. March 31st. .

Trigger points for platelet transfusions in haemato-oncology [@ivteam](http://ctt.ec/PK5t0+)
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Abstract:

Platelets are prophylactically transfused to patients receiving myeloablative chemotherapy. The trigger can be adapted if a patient has risk factors for bleeding. We performed an international survey to quantify differences in transfusion policies. While platelet counts are most important, bleeding, fever, use of anticoagulants and invasive procedures also determine transfusion strategies. The largest variation of triggers was observed for lumbar punctures and removal of central venous catheters.

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