Hemoglobin is less than 7 g/dL

Hemoglobin is less than 8 g/dL, in patients receiving chemotherapy

Hemoglobin is less than 10 g/dL, in patients 100 days post bone marrow transplant

Hemoglobin is less than 13 g/dL in infants (age less than 12 months) with severe cardiac or pulmonary disease

Hemoglobin is less than 13 g/dL in any patient with cyanotic congenital heart disease

Blood prime for ECMO

Blood prime for Hemodialysis

Blood prime for therapeutic apheresis

Hemoglobin S is greater than 30% in patients with severe sickle cell disease

As part of a chronic transfusion protocol for red cell dependent disorders (e.g., thalassemia’s)

Other Indication (Explain):
Tenet Neonate Criteria

Transfusion Indications for RBC Transfusion - Not Actively Bleeding

You are placing transfusion orders on the following patient:

<table>
<thead>
<tr>
<th>Pt Name</th>
<th>DOB</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROOOT. BOY</td>
<td>08/17/2015</td>
<td>4 Weeks</td>
</tr>
</tbody>
</table>

LABS

<table>
<thead>
<tr>
<th>Results</th>
<th>Result DT/IM</th>
<th>Perform DT/IM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin</td>
<td>10.90 gm/dL</td>
<td>09/13/15 08:40</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>33.70 %</td>
<td>09/13/15 08:40</td>
</tr>
</tbody>
</table>

Anemia - RBC Transfusion Indications Not Actively Bleeding

Hemoglobin less than or equal to 11.7 gm/dL (hematocrit less than or equal to 35%) with any of the following:
- Supplemental $O_2$ greater than or equal to 40% intermittent mechanical ventilation (IMV)
- $P_{aw}$ greater than 8 cm H$_2$O

Hemoglobin less than or equal to 10 gm/dL (hematocrit less than or equal to 30%) with any of the following:
- Supplemental $O_2$ greater than 35% by hood, nasal cannula or nasal continuous positive pressure (nCPAP) or IMV
- $P_{aw}$ 6-8 cm H$_2$O
- Major surgery
- Blood Prime for ECMO or Hemodialysis

Hemoglobin less than or equal to 8.3 gm/dL (hematocrit less than or equal to 25%) with any of the following:
- Supplemental $O_2$ less than or equal to 35% by hood or nasal cannula 1/8 – 1/4 Lpm
- nCPAP or IMV
- $P_{aw}$ less than 6 cm H$_2$O
- Apneas/Bradycardias greater than or equal 10/24 hour or ≥ 2/day with positive pressure ventilation (PPV) despite max xanthine treatment
- Tachycardia greater than 180 beats per minute (BPM) for 24 hours (other diagnoses excluded)
- Other surgery or procedure
- Weight gain less than or equal to 10 gms/day for 4 days despite greater than or equal 120 cal/kg/day

Hemoglobin less than or equal to 7 gm/dL (hematocrit is less than 20%)

Other Indication (Explain):

______________________________________________________________________________________________