

Surviving Sepsis Campaign®

SURVIVING SEPSIS CAMPAIGN INTERNATIONAL GUIDELINES FOR THE MANAGEMENT OF SEPTIC SHOCK AND SEPSIS-ASSOCIATED ORGAN DYSFUNCTION IN CHILDREN

BLOOD PRODUCTS RECOMMENDATIONS TABLE

RECOMMENDATION #65	STRENGTH & QUALITY OF EVIDENCE
<p>We suggest against transfusion of RBCs if the blood hemoglobin concentration is greater than or equal to 7 g/dL in hemodynamically stabilized children with septic shock or other sepsis-associated organ dysfunction. Remarks: According to the 2018 Transfusion and Anemia Expertise Initiative (TAXI) guidelines, for the purposes of RBC transfusion, “hemodynamically stabilized” is defined as a MAP higher than 2 sds below normal for age and no increase in vasoactive medications for at least 2 hours.</p>	<ul style="list-style-type: none"> • Weak • Low-Quality of Evidence
RECOMMENDATION #66	STRENGTH & QUALITY OF EVIDENCE
<p>We cannot make a recommendation regarding hemoglobin transfusion thresholds for critically ill children with unstable septic shock.</p>	<p>Insufficient</p>
RECOMMENDATION #67	STRENGTH & QUALITY OF EVIDENCE
<p>We suggest against prophylactic platelet transfusion based solely on platelet levels in nonbleeding children with septic shock or other sepsis-associated organ dysfunction and thrombocytopenia.</p>	<ul style="list-style-type: none"> • Weak • Very Low-Quality of Evidence

RECOMMENDATION #68

STRENGTH & QUALITY OF EVIDENCE

We **suggest against** prophylactic plasma transfusion in nonbleeding children with septic shock or other sepsis-associated organ dysfunction and coagulation abnormalities.

Remarks: Prophylactic plasma transfusion refers to situations in which there is an abnormality in laboratory coagulation testing but no active bleeding.

- Weak
- Very Low-Quality of Evidence

