

Indications	Component <sup>1</sup>	Dose			Administration time <sup>2</sup>	Response
Symptomatic anaemia (e.g. reduced exercise tolerance, organ or tissue compromise)	<b>Red cells leucodepleted</b> Whole blood derived unit: 260 mL Paediatric (paed) unit: 60 mL	Usually one unit and reassess or calculate: <b>Adult:</b> 0.4 x patient weight (kg) x desired Hb rise (g/L) <b>Neonates and paediatrics:</b> 0.5 x patient weight (kg) x desired Hb rise (g/L)			2 hours At risk of cardiac overload: up to 4 hours	Expected Hb rise in a 70 kg stable adult is 10 g/L per unit
Thrombocytopenia or abnormal platelet function with bleeding or at risk of bleeding. Not indicated for immune thrombocytopenia (e.g. ITP) unless life-threatening bleeding.	<b>Platelets leucodepleted</b> Apheresis: 280 x 10 <sup>9</sup> in 210 mL Pooled: 290 x 10 <sup>9</sup> in 370 mL Paed: 75 x 10 <sup>9</sup> in 55 mL	Body weight	Volume (apheresis)	Units	30 mins	Expected platelet rise in a 70 kg stable adult is 20–40 x 10 <sup>9</sup> /L  Expected platelet rise in an 18 kg child from one paed unit is 20 x 10 <sup>9</sup> /L
		< 5 kg	5–10 mL/kg	<1 Paed		
		5–9 kg	50 mL	1 Paed		
		10–19 kg	100 mL	2 Paed		
		20–29 kg	150 mL	3 Paed		
≥ 30 kg or adult	-	1 apheresis or pooled				

<sup>1</sup>Approximate values only, see [transfusion.com.au](http://transfusion.com.au) for detailed data. Consider special requirements e.g. irradiation.

<sup>2</sup>All components may be given more rapidly if required. All must be completed within 4 hours of removal from controlled storage.

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Deficiency of clotting factors with bleeding or risk of bleeding where specific therapy (e.g. clotting factor concentrate) is not appropriate or available (e.g. DIC)	<b>Fresh frozen plasma</b> Whole blood or apheresis unit: 275 mL Paed unit: 70 mL FFP contains all coagulation factors	Adults, neonates and paediatrics: 10–15 mL/kg Round to nearest unit where possible			30–120 mins based on volume tolerance	Assess clinical response and repeat laboratory/viscohaemostatic assay (e.g. ROTEM/TEG) as per hospital protocol
Fibrinogen deficiency or dysfunction with bleeding or risk of bleeding (e.g. massive transfusion)	<b>Cryoprecipitate</b> Whole blood unit: 0.35 g fibrinogen in 35 mL Apheresis unit: 0.90 g fibrinogen in 60 mL	<b>Body weight</b>	<b>WB units</b>	<b>Apheresis units</b>	30–60 mins	Assess clinical response and repeat laboratory/viscohaemostatic assay (e.g. ROTEM/TEG) as per hospital protocol
		5–20 kg	2	1		
		20–35 kg	4	2		
		35–50 kg	6	3		
		50–65 kg	8	4		
		Adult	10	5		
Whole blood and apheresis can be used to form a dose						

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