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# ITP

micro drip study guide

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**PLT Transfusion**

- May be required for patients with severe bleeding
- Infusion may not significantly alter PLT count but can provide essential hemostasis at critical sites of bleeding
- Evidence-based transfusion triggers not firmly established
- Uncommonly transfused due to lack of readily available products and cost
  - Cryopreserved concentrates (cryopreserved in DMSO)
  - Lyophilized product stabilized in trehalose (StablePlate RX)
  - PLT-rich plasma
- Generally recommended when PLT <50 K/uL and needing diagnostic aspirations and/or general surgery

A man with glasses and a brown shirt is speaking in the foreground, gesturing with his right hand.

Colleagues believe that their dog their patient their cat needs a platelet transfusion because I get the logic we give red blood cells to dogs and cats with IMHA when they are clinical. I have a dog or cat with ITP that's clinical shouldn't I give them platelets? I get that logic but the answer is we don't usually give it, we won't give platelet transfusions routinely because they just don't work that well to be honest with you meaning it'll bring the platelet count up initially and then those platelets are gone really really quickly so it doesn't last a long time.

So when do we give those platelet transfusions? We give them when they have severe thrombocytopenia they're below that forty to fifty thousand mark where we have to be concerned about spontaneous hemorrhage and we need to do a diagnostic procedure or we need to go to the operating room for specific reason we need to get that platelet count above that fifty thousand mark temporarily to make that patient the safest candidate for the procedure that we need to do but we don't give platelet transfusions just because the platelet count is nine thousand. We become very aggressive with immunomodulatory therapy we become aggressive within Vincristine etc not with platelet transfusions.