

# Consensus Guidelines for Partial Exchange Transfusion for Polycythemia in Neonates

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## Executive summary

### Objectives

- Standardize the approach to screening and management of polycythemia in infants  $\geq 34$  weeks gestation using current practice standards and best available evidence
- Improve quality and safety of care for neonates  $\geq 34$  weeks GA with possible polycythemia; specifically:
  - Improve recognition of infants showing symptoms of polycythemia
  - Decrease unnecessary screening
  - Provide recommendations on how to perform partial exchange transfusion safely and effectively
  - Decrease morbidity associated with unnecessary partial exchange transfusions

### Recommendations

- Who to Screen
  - Asymptomatic patients should *not* be routinely screened regardless of risk factors
  - Only screen *symptomatic* patients for polycythemia
- Who Should Receive Partial Exchange Transfusion
  - Do NOT perform PET in asymptomatic infant with Hct  $\leq 75\%$
  - Consider PET in infants with Hct  $>65\%$  who are demonstrating signs listed in Section A or B on page 3
  - Consider PET in asymptomatic infants with Hct  $>75\%$ , but note there is minimal data for benefit of PET in asymptomatic infants.
- Timing of Partial Exchange Transfusion
  - PET should be performed as soon as possible in symptomatic infants

### Methods

This guideline was developed through local consensus based on published evidence and expert opinion as part of the UCSF Northern California Neonatal Consortium.

### Metrics Plan