

Consensus Guidelines for Partial Exchange Transfusion for Polycythemia in Neonates

UCSF (NC)² (Northern California Neonatal Consortium)

Executive summary

Objectives

- Standardize the approach to screening and management of polycythemia in infants ≥ 34 weeks gestation using current practice standards and best available evidence
- Improve quality and safety of care for neonates ≥ 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