

Platelet Transfusion: 2025 AABB and ICTMG International Clinical Practice Guidelines

COG Supportive Care Endorsed Guidelines

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The “Platelet Transfusion 2025 AABB and ICTMG International Clinical Practice Guidelines” were endorsed by the COG Supportive Care Guidelines sub-Committee in February 2026. This clinical practice guideline is published (Metcalf RA, Nahirniak S, Guyatt G, et al. Platelet transfusion: 2025 AABB and ICTMG international clinical practice guidelines. JAMA. 2025 Aug 19;334(7).) and is available here: <https://jamanetwork.com/journals/jama/article-abstract/2834703>

This guideline provides recommendations for adult and pediatric populations in whom platelet transfusions are commonly performed. The good practice statements and recommendations of the source clinical practice guideline are presented below.

Good Practice Statement for Platelet Transfusion

GOOD PRACTICE STATEMENT
Consider symptoms, signs, other laboratory parameters, bleeding history, medications, patients’ values and preferences, alternative therapies, and overall clinical context when deciding to perform a platelet transfusion on a particular patient.

Summary of Recommendations for Platelet Transfusion

Note that only recommendations applicable to pediatric patients are summarized below.

RECOMMENDATIONS	Strength of Recommendation / Certainty of Evidence
1.1 Nonbleeding patients with hypoproliferative thrombocytopenia actively receiving chemotherapy or undergoing allogeneic stem cell transplant (SCT): Platelet transfusion should be administered when the platelet count is $<10 \times 10^3/\mu\text{L}$	Strong / Moderate
Summary Justification: The data support no benefit with liberal strategies and a platelet count threshold $<10 \times 10^3/\mu\text{L}$ is practical for implementation.	
1.2 Preterm neonates without major bleeding: Platelet transfusion should be administered when the platelet count is $<25 \times 10^3/\mu\text{L}$	Strong / High
Summary Justification: The data support no benefits with liberal policies of $<50 \times 10^3/\mu\text{L}$ and the possibility of harm.	
1.3 Patients undergoing lumbar puncture: Platelet transfusion should be administered when the platelet count is $<20 \times 10^3/\mu\text{L}$	Strong / Moderate
Summary Justification: A platelet count threshold $<20 \times 10^3/\mu\text{L}$ is practical for implementation, and minimizes need for platelet transfusion, while recognizing the extremely low event rate estimate	

RECOMMENDATIONS	Strength of Recommendation / Certainty of Evidence
1.4 Patients with Dengue-related consumptive thrombocytopenia in the absence of major bleeding: No platelet transfusion	Strong / Moderate
Summary Justification: The data support no benefits with use of platelets as prophylaxis and possibility of harm.	
2.6 Nonthrombocytopenic patients undergoing cardiovascular surgery in the absence of major hemorrhage, including those receiving cardiopulmonary bypass: No platelet transfusion	Conditional / Very low
Summary Justification: The limited data available support no benefit with use of platelets.	

*see [Appendix 1](#)

Appendix 1: Systems for Classifying Recommendations and Evidence used by the Source Clinical Practice Guidelines

I. GRADE

Strength of Recommendations:

Strong Recommendation	When using GRADE, panels make strong recommendations when they are confident that the desirable effects of adherence to a recommendation outweigh the undesirable effects.
Conditional Recommendation	Conditionals recommendations indicate that the desirable effects of adherence to a recommendation probably outweigh the undesirable effects, but the panel is less confident.

Strength of Recommendations Determinants:

Factor	Comment
Balance between desirable and undesirable effects	The larger the difference between the desirable and undesirable effects, the higher the likelihood that a strong recommendation is warranted. The narrower the gradient, the higher the likelihood that a weak recommendation is warranted
Quality of evidence	The higher the quality of evidence, the higher the likelihood that a strong recommendation is warranted
Values and preferences	The more values and preferences vary, or the greater the uncertainty in values and preferences, the higher the likelihood that a conditional recommendation is warranted
Costs (resource allocation)	The higher the costs of an intervention—that is, the greater the resources consumed—the lower the likelihood that a strong recommendation is warranted

Quality of Evidence

High Quality	Further research is very unlikely to change our confidence in the estimate of effect
Moderate Quality	Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate
Low Quality	Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate
Very Low Quality	Any estimate of effect is very uncertain

Guyatt, G.H., et al., *GRADE: an emerging consensus on rating quality of evidence and strength of recommendations*. BMJ, 2008; 336: 924-926.

Guyatt, G.H., et al., *GRADE: going from evidence to recommendations*. BMJ, 2008; 336: 1049-1051.