



# Let's Talk Platelets

## Clinical Use

Andrew Charlton  
Haematology SpR  
NHSBT Newcastle



# Where do they go?

- Massive transfusion
- Bleeding with low platelet count
- Bleeding with anti-platelet agents on board
- 'Prophylactic'
  - Bone marrow failure
  - Chemotherapy





# Requests

- 40 year old lady
- Planned pelvic surgery
- Bleeding difficult to control
- 6u red cells
- Recent blood count: platelets  $65 \times 10^9/L$
- 1 dose platelets
- (eventually received 5)





# Requests

- 30 year old man
- Admitted to A&E with a seizure (CT head in an hour)
- Known to be a heavy drinker
- A bit drowsy in A&E, bruised and some bleeding
- Platelet count  $34 \times 10^9/L$
- 1 platelet dose



# Requests

- 70 year old lady
- Needs emergency spinal decompression
- On aspirin until 48 hours ago
- Urea  $22_{\text{mM/L}}$
- Platelets  $212_{\times 10^9/\text{L}}$
- 1 platelet dose



# Requests

- 60 year old lady
- Bleeding into R arm after an emergency heart stenting
- On aspirin, clopidogrel, abciximab
- Also lifelong warfarin
- Reverse warfarin effect
- Consider platelets later



# Requests

- 62 year old man
- Myeloma (bone marrow cancer)
- Having high dose chemo and rescue stem cells
- Day +6, platelet count  $7_{\times 10^9/L}$
- No signs of bleeding/bruising
- 1 dose platelets given



# Challenges



- 'Conflict of interest' – issuing vs administering
- Guidelines often don't quite fit clinical scenarios
- Treating the healthcare team?