

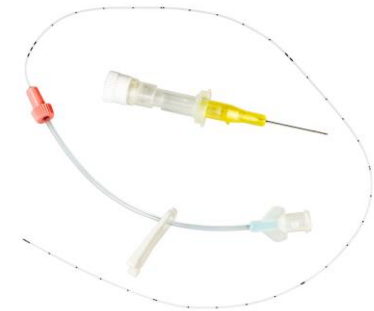
Safety of Red Blood Cell Transfusion Using Small Central Lines in Neonates: An *in vitro* Non-inferiority Study

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Background



Do you transfuse RBCC through 28G PICC lines in neonates?!



Is it a problem in Switzerland?
45% of units already transfused (rarely)
80% of units would transfuse if safe





Objectives

To investigate the **safety** of transfusing RBCC through neonatal PICC and to adapt the best clinical practice guidelines of RBC transfusion in premature infants.



Methods

- Non-inferiority in vitro study, preparing a mock RBCC neonatal transfusion (fig1) through 24G silicone and 28G polyurethane PICC lines, **compared** to a peripheral 24G short catheter.
- Primary endpoint was **hemolysis percentage**. Secondary endpoints were **catheter occlusion, inline pressure, and potassium and lactate values**.
- Signification level of 2.5%, and a power of 0.8 was 8 catheters in each group for a total of 24 catheters, 392 measures.

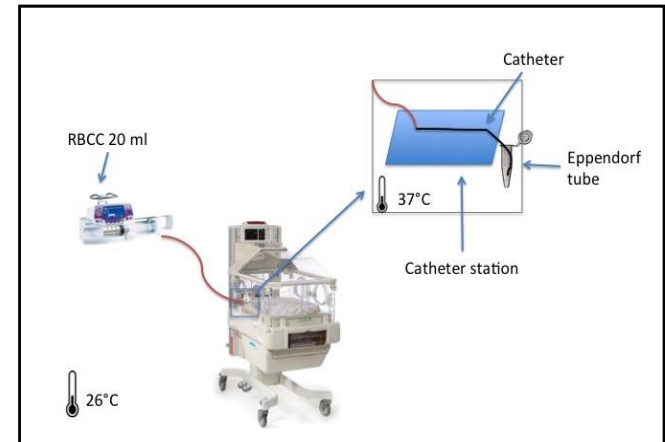
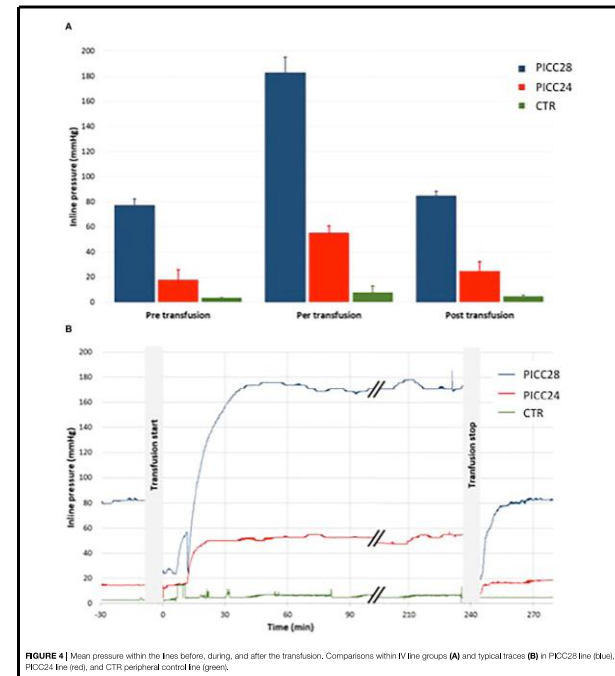
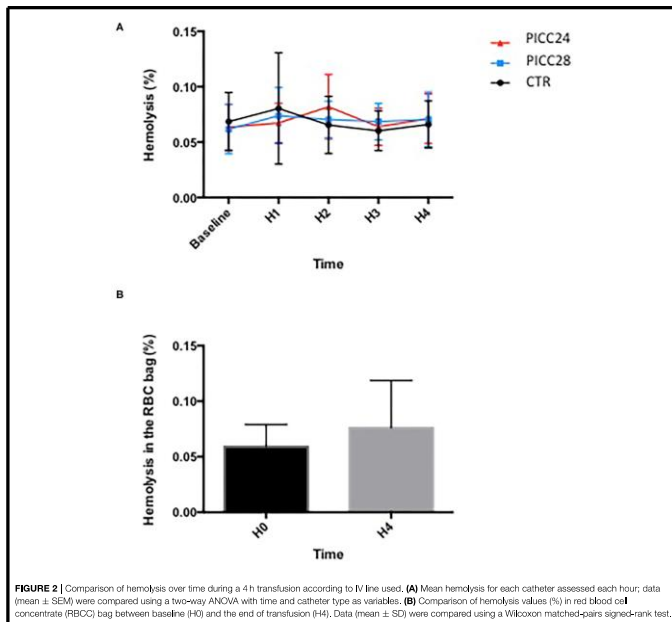


Fig1. System setup represents one RBCC infusion through a PICC line that lies on a support catheter station with the tip inserted on a collector for sampling. The same setup was used for the three groups simultaneously.



Results

Hemolysis values were not statistically different among groups (0.06% variation, $p = 0.95$) or over time (2.75% variation, $p = 0.72$). The highest hemolysis values in both groups were below the non-inferiority predefined margin. We did not observe catheter occlusion. Inline pressure varied between catheters but followed the same pattern of rapid increase followed by stabilization.



Discussion

RBCC transfusion performed in vitro through 24G silicone and 28G polyurethane PICC lines is feasible **without detectable hemolysis or pressure concerns**.

Hemolysis during transfusion of RBCC in studied PICC lines is non-inferior to peripheral 24G catheters.

Clinical prospective assessment in preterm infants is needed to confirm these data further.

