## Appendix 7

**XXXXX Hospital/Health Centre**

**BLOOD PRODUCT ADMINISTRATION GUIDELINES (Monograph)**

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| **Blood Product Name:** Cryosupernatant Plasma (CSP) | **Approved by: xxxxx****Date Approved: xxxxx****Effective Date: xxxxxx** | **Page 1 of 3****Document #: xxxxxx** **Version #: V 2** |
| **Other Names:*** CSP
* Cryo-poor plasma (CPP)
* Plasma - cryoprecipitate reduced
* Cryo-depleted plasma
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| **Classification/Indications** | CSP is prepared from slowly thawed Frozen Plasma (FP) that is centrifuged to separate the insoluble cryoprecipitate from the plasma portion. The remaining plasma is frozen. It is a source of plasma having reduced levels of von Willebrand Factor (vWF) and Factor VIII. It may be used for:* Replacement of multiple coagulation factors, except for Factor VIII and vWF
* Treatment of Thrombotic Thrombocytopenia Purpura (TTP)
* Treatment of Hemolytic Uremic Syndrome (HUS)
* Bleeding patients on warfarin who require an invasive procedure before vitamin K can reverse the warfarin
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| **Contraindications** | Do not:* Use for consumptive coagulopathies (e.g. DIC)
* Use for single coagulation factor deficiencies
* Administer to patients with known anti-IgA antibodies
* Use to treat hypovolemia
* Use ABO incompatible plasma products
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| **Supplied** | The mean volume is 282 ± 37 mL (no less than 100 mL)Can be stored for 12 months at -18oC or colderABO of the blood donor is indicated on the bag label |
| **Dosage** | Depends on the clinical condition and size of the patientTo augment the concentration of clotting factors: 10 - 15 mL/KgFor warfarin reversal: 5 – 8 mL/KgPediatric infusions: 10 – 20 mL/Kg |
| **Reconstitution/Stability** | Thawing process takes about 20 - 30 minutesTransfuse thawed product within 4 hoursThawed product can be stored at 1 – 6oC for 24 hours in a monitored refrigerator |

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| **Blood Product Name:** Cryosupernatant Plasma (CSP) | **Effective Date:**  | **Page 2 of 3** |
| **Compatibilities/ Incompatibilities** | Only 0.9% sodium chloride is permitted to be added to this product or to be infused through the same tubingCompatible Red Blood Cells (RBCs), platelets and other blood components and 5% albumin may be added at the physician’s discretionDo NOT add:* Medications/drugs
* D5W (5% Dextrose in water)
* Lactated Ringers or any other calcium containing solution
 |
| **Administration,** **Identification and ABO Compatibility** | Positively identify, as per the policies and procedures, (before administration):* The potential recipient
* The product order/dose
* The product

Verify that informed consent has been obtained **ABO Compatibility of Plasma Products****Patient ABO Group Compatible Donor ABO** O O, A, B, AB A A, AB B B, AB AB ABRh type is not a concern for plasma products |
| **Administration, Method** | **Infusion Rate-** Prescribed by the physician, but infusion times usually run from 30 to 120 minutes. Transfuse slowly where possible for the first 15 minutes (50 mL/hour) **Administration Set-** A standard blood administration set (170 – 260 microns) is used**Gravity, minibag, buretrol and infusion pumps-** Are all acceptable methods of infusion. Do not administer by IV push, IM or SC**Dilution-** Do not dilute this product**Monitoring-** Monitor the patient as per the policies and procedures, but minimum criteria are assessing vitals:* Before the transfusion
* 15 minutes after commencement of transfusion
* At the end of the transfusion
* During any transfusion reactions
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| **Blood Product Name:** Cryosupernatant Plasma (CSP) | **Effective Date:**  | **Page 3 of 3** |
| **Adverse Events*** **Stop the transfusion**
* **Notify physician**
* **Treat patient symptoms**
* **Notify Transfusion Medicine**
* **Follow the Transfusion Reaction/Adverse Event Policy**
 | Risk of transfusion reactions range from 1 in 20 for FNHTR with the administration of a pooled platelet product to 1 in 7,800,000 for transmission of HIV. A list of the most commonly described transfusion reactions is supplied below:1. Allergic Reaction2. Bacterial Contamination3. Anaphylactic Reaction4. Transfusion Associated Acute Lung Injury (TRALI)5. Transfusion Associated Circulatory Overload (TACO)6. Acute Hemolytic Transfusion Reaction7. Febrile Non-Hemolytic Transfusion Reactions (FNHTR)8. Hypotension (Bradykinin Mediated)9. Delayed Hemolytic Transfusion Reactions10. Post Transfusion Purpura11. Transfusion-Related Alloimmune Thrombocytopenia12. Other transfusion transmitted infections (virus, parasite and  prion) |

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