## Appendix 7

**XXXXX Hospital/Health Centre**

**BLOOD PRODUCT ADMINISTRATION GUIDELINES (Monograph)**

|  |  |  |
| --- | --- | --- |
| **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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | |
| **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 | |
| **Supplied** | | The mean volume is 282 ± 37 mL (no less than 100 mL)  Can be stored for 12 months at -18oC or colder  ABO of the blood donor is indicated on the bag label | |
| **Dosage** | | Depends on the clinical condition and size of the patient  To augment the concentration of clotting factors: 10 - 15 mL/Kg  For warfarin reversal: 5 – 8 mL/Kg  Pediatric infusions: 10 – 20 mL/Kg | |
| **Reconstitution/Stability** | | Thawing process takes about 20 - 30 minutes  Transfuse thawed product within 4 hours  Thawed product can be stored at 1 – 6oC for 24 hours in a monitored refrigerator | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 tubing  Compatible Red Blood Cells (RBCs), platelets and other blood components and 5% albumin may be added at the physician’s discretion  Do 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 AB  Rh 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 | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Reaction  2. Bacterial Contamination  3. Anaphylactic Reaction  4. Transfusion Associated Acute Lung Injury (TRALI)  5. Transfusion Associated Circulatory Overload (TACO)  6. Acute Hemolytic Transfusion Reaction  7. Febrile Non-Hemolytic Transfusion Reactions (FNHTR)  8. Hypotension (Bradykinin Mediated)  9. Delayed Hemolytic Transfusion Reactions  10. Post Transfusion Purpura  11. Transfusion-Related Alloimmune Thrombocytopenia  12. Other transfusion transmitted infections (virus, parasite and  prion) | | |

# 