

## PLASMA/FROZEN PLASMA

<b>OTHER NAMES</b>	Fresh Frozen Plasma, LRF (CP2D); Fresh Frozen Plasma, LRF (CPDA-1); and Fresh Frozen Plasma, Apheresis; Plasma; FFP; FP
<b>PRODUCT COMPOSITION</b>	Contains plasma proteins, including all clotting factors but no functional platelets. Leukocyte reduced at source. If frozen within 8 hours of collection, designated as fresh frozen plasma.
<b>INFORMED CONSENT</b>	Mandatory
<b>ALTERNATIVES</b>	<b>Non-blood Product:</b> Specific to clinical indication i.e. Vitamin K and/or Prothrombin Complex Concentrate for Warfarin reversal
	<b>Blood Product:</b> Specific to clinical indication
<b>DOSAGE</b>	Specific to clinical situation
<b>ADMINISTRATION</b>	<ul style="list-style-type: none"> <li>Administration should be started within 30 minutes of removal from a Transfusion Medicine (TM)-monitored refrigerator</li> <li>Use Standard Blood Administration set with 170-260 micron filter</li> <li>Suggested infusion rate: 1 unit (250 mL) over 1 hour, rate to be indicated by physician order</li> <li>Maximum infusion time is 4 hours</li> </ul> <p>Pediatrics: 5% of the total volume ordered within the first 5 minutes, then 1-2 mL/min</p>
<b>DIAGNOSTIC MONITORING</b>	<b>Vital sign monitoring as per hospital policy for any blood, blood component and other related product.</b> In the event of an immediate or suspected transfusion reaction, refer to hospital policy and procedures.
<b>CLINICAL INDICATIONS</b>	<p>Management of patients</p> <ul style="list-style-type: none"> <li>pre-op or bleeding, who require replacement of multiple plasma coagulation factors</li> <li>with massive transfusion and clinically significant coagulation abnormalities</li> <li>on warfarin who are bleeding or need to undergo an invasive procedure before Vitamin K able to reverse</li> <li>requiring replacement therapy (plasma exchange) in TTP</li> <li>with coagulation factor deficiencies for which no concentrates are available</li> </ul> <p><b>Not indicated</b> for volume replacement.</p> <p><b>Not indicated</b> when coagulopathy can be corrected more effectively with specific therapy e.g. Vitamin K, Factor VIII concentrate.</p>
<b>SPECIAL CONSIDERATIONS</b>	<ul style="list-style-type: none"> <li>Requires a Group and Screen from current admission</li> <li>Takes approximately 30 min to thaw – once thawed should be administered as soon as possible</li> <li>Must be ABO compatible</li> </ul> <p>Current standards of practice do not require the provision of Rh specific plasma</p> <p>TM may issue:</p> <ul style="list-style-type: none"> <li>Random donor Plasma – approx. 250 mL</li> <li>Single Apheresis Plasma – approx. 250 mL</li> <li>Double Apheresis Plasma – approx. 500 mL</li> </ul> <p><b>N.B. TM may issue a double Apheresis unit when 2u plasma ordered. Clinician checking product must note the volume indicated on the transfusion record. 250-300 mL = 1 unit, whereas ~ 500 mL = 2 units</b></p>
<b>STORAGE CONDITIONS</b>	Stored in a TM-monitored blood product storage refrigerator or cooler, 1-6 °C once thawed

How you want to be treated.

<b>REFERENCES</b>	<ul style="list-style-type: none"><li>• Circular of Information, Canadian Blood Services June 2011 and <a href="http://www.blood.ca">www.blood.ca</a></li><li>• Canadian Society of Transfusion Medicine: Standards for Transfusion Medicine, Version 3 February 2011</li></ul>
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