



CRYPP

Cryoprecipitate



Storage: < -20 °C

Shelf life: 1 year

Cryoprecipitate is stored in a frozen state until clinical use when it is thawed at 37°C back to a liquid state. Once thawed, the product cannot be stored further due to the extreme lability of coagulation factors. Transfuse immediately on receipt.

Product prepared by controlled thawing of fresh frozen plasma at 4°C, and centrifuging to separate the insoluble cryoprecipitate from the plasma, followed by blast refreezing

Contains fibrinogen (~150 mg), FXIII, FVIII (~80 IU) and von Willebrand factor in a total volume of 20-30 ml

Indications

- + Correction of reduced fibrinogen (less than 1g/L) associated with DIC
- + Documented cases of low or dysfunctional fibrinogen, either acquired or congenital, in patients with active bleeding or at risk of bleeding
- + Treatment of congenital FXIII deficiency where the specific factor concentrate is unavailable
- + Treatment of von Willebrand Disease where DDAVP or vWF containing FVIII is either unavailable or ineffective



Contraindications

- + Do not use when coagulopathy can be corrected with specific therapy, such as FVIII concentrates
- + Do not use this component unless results of laboratory studies indicate a specific hemostatic defect for which this product is indicated

Pre-transfusion testing requirements

All patients planned for cryoprecipitate transfusions must have a correct ABO type on record. Transfused cryoprecipitate should preferably be ABO matched to the patient. In the event of non-availability of ABO-matched cryoprecipitate, the next best match would be provided.

RhD matching is not required as cryoprecipitate does not contain any cells and therefore does not pose risk of red cell or leucocyte sensitization.

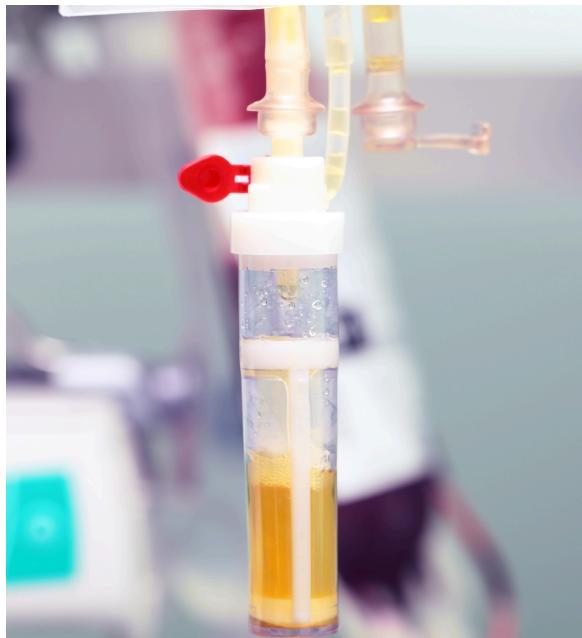
Minimum sample required (with first request only)

Child (>1 year) and adults: 3 ml in one EDTA tube

Infant (0-12 months): 1 ml in one EDTA microtainer tube

Dosage

- ⊕ One unit per 7-10 kg body weight should raise fibrinogen level by 500-750 mg/L
- ⊕ Single adult dose is usually 4-6 units



Administration

- ⊕ Use standard blood transfusion set (170-260 µm) and change every 8 hours
- ⊕ Infuse slowly at 2 ml/min for first 15 min
- ⊕ Recommended infusion time is 10-30 min per dose

Nursing observations

	Pre-transfusion vital signs (V/S)?	Stay at patient bedside?			Vital signs during transfusion		Post-transfusion monitoring
		First 5 min	First 10 min	First 15 min	After 15 min	Remainder of transfusion	
Adults (inpatients)	Yes	Yes	No, but must be immediately available		Yes	Every 15 mins for 1 st hour, then hourly	V/S on completion then monitor as needed
Adults (outpatients)	Yes	Yes	No, but must be immediately available		Yes	Every 15 mins for 1 st hour, then hourly	V/S at completion then monitor for at least 15 min post*
Paediatrics and Neonates	Yes	Yes			Yes	1 st hr – every 15 mins 2 nd and 3 rd hr – every 30 mins then hourly until completion	V/S for 30-60 min post

Adverse reactions

All units are tested negative by serology and nucleic acid technology for HBV, HCV and HIV I/II. Nonetheless, there is a remote risk of transfusion-transmitted infections if the donated unit happens to be within a window period of testing. There is also a risk of infection from non-tested viruses or emerging infections.

Plasma proteins present in cryoprecipitate may contribute to anaphylaxis and allergic reactions. Transfusion related acute lung injury (TRALI) has not been reported with the use of cryoprecipitate.

Please refer to relevant info-sheets for further information on recognition and management of these adverse events.