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| **Platelet Orders** |
| **Purpose** | This process describes how manage TPLT (Transfuse Platelet) orders.  |
| **Policy Statements** | * Only leukocyte-reduced single donor (SDP) platelet will be used for transfusion.
	+ SDPs are collected as leukocyte reduced and considered CMV safe.
	+ SDPs are tested for bacterial contamination by the blood center using FDA approved culture methods.
* SDP may be selected according to historic record of patient’s ABO/Rh.
	+ **ABO-**The ABO antibodies in the plasma suspending the platelets should be ABO compatible with the recipient’s red cells. If the plasma suspending the platelets is incompatible to the recipient's red cells, consult the attending physician or pathology regarding volume reduction ([TS 3.12 Volume Reduced Platelets](file:///C%3A/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/CJ434XJ7/dax/data/Dept/LAB/Laboratory%20Policy%20and%20Procedure%20Manual/Transfusion%20Services/3%20Processing%20Orders/TS%203.12%20Volume%20Reduced%20Platelets.doc)).
	+ **Rh-**SDP products are considered to be red cell free. If an Rh negative SDPs are not available for an Rh negative patient, Rh positive SDPs of the patient’s ABO group should be chosen. **Switch Rh of the SDP before switching ABO groups.**
* Patients meeting the following criteria shall receive irradiated platelets:
* Infants < 4 months old throughout that admission period
* Documented or suspected, acquired or congenital immunodeficiency disorders
* Therapy induced immunosuppression, aggressive chemotherapy, immunotherapy, or extensive radiation therapy
* Directed donation from blood relative
* HLA-matched or crossmatch compatible platelets
* Refer to [Strategies for Platelet Refractory Patients](http://xpedio02.childrensmn.org/stellent/groups/Public/%40XCP/%40Manuals/%40Lab/%40TransfusionSvc/documents/PolicyReferenceProcedure/web012740.asp) as needed.
 |
| **Definitions** | Single Donor Platelet (SDP)-same as plateletpheresis, apheresis platelet or pheresed platelet. |
| **Test Codes** | TPLT- [Platelet Transfusion](http://www.childrensmn.org/Manuals/Lab/TransfusionSvc/018812.asp) |
| **Process** |  |
|  | Activity | Key Considerations | Related Document |
|  | 1 | Review patient order history in function BOP | * Confirm the patient has had an ABO/Rh on record.
* Contact the patient caregiver and request an ABO/Rh or Type and Screen be ordered if needed.
* Record the patient’s ABO/Rh, antibodies,

 attributes, problems, and pertinent comments on the patient’s TRANSFUSE PLATELETS.* Record the accession number on the order.
 | [TS 5.2 Blood Order Processing](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/SpecRR/202247.pdf) |
|  | 2 | Evaluate the blood product request  | * Note the urgency of the platelet order.
* Evaluate the volume requested

 to dosing guidelines.* Evaluate the blood product request based upon the indication for transfusion to the patient diagnosis, symptoms, or current lab values.

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| **If the requested appears to be** | **Then** |
| Appropriate  | Proceed to step 3 |
| Inappropriate | Consult with the patient care areaorrefer the request to the technical specialist or a pathologist as soon as possible. |
| A special request  | Refer to specific order processes as appropriate for volume reduction, platelet crossmatch, antigen typed or HLA matched requests. |

 | [TSja 03.0.6 Dosing TS Staff](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/Res/JobA/199767.pdf)[TS 12.6 Analyzing Transfusion Appropriateness](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/Alloc/202494.pdf)[TS 3.12 Volume Reduced Platelets](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/OrdProc/202200.pdf)[TS 3.9 Crossmatched Platelets](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/OrdProc/202197.pdf)[TS 3.10 HLA Matched Platelets](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/OrdProc/202198.pdf)[TS 3.11 Antigen Typed Platelets](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/OrdProc/202199.pdf) |
| Reserve product on tipper for pendingtransfusion | 3 | Select product. | Review platelet inventory on tipper and with blood centers for unit selection. Refer to Appendix A Platelet Selection table.

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| **If** | **Then** |
| Product is not available on site. | Order as needed. |
| Only ABO incompatible platelets are available | Discuss with the ordering provider the need to volume reduce platelets due to availability of only ABO incompatible platelets. |
| Anticipate delay in product availability. | Notify patient caregiver. |

 | [TS 7.3 Blood Product Ordering-MBC](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/BPOrd/202330.pdf)[TS 7.4 Blood Product Ordering-ARC](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/BPOrd/202915.pdf) |
|  | 4 | Proceed to appropriate blood component preparation procedures. | * Irradiate full SDP prior to splitting/aliquoting
* Volumes of platelets ordered as ≤60 mL are

 to be issued prefiltered syringes. |  |
|  | 5 | Allocated product under a TPLT Sunquest order. | * Attach unit tag
* Bill the intend recipient for special testing

 such as platelet crossmatching or HLA matching at allocation. | [TS 12.2 Allocation of Platelets, Plasma, or Cryo](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/Alloc/202512.pdf) |
|  | 6 | Store product in platelet incubator until issue. | Notify the patient care unit that the product isready. | [TS 7.18 Storage of Blood Products](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/BPOrd/202712.pdf) |
|  | 7 | Bill platelet product charge at issue. | Note: No platelet product charge or washing charge needs to be added in BPI. |  |
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| **Appendices** | [Appendix A](#Appendix_A): Selection of Platelets |
| **Approval****Workflow** | Transfusion Service/Medical Director |
|  |  |
| **Historical Record** | **Version** | **Written/Revised by:** | **Effective Date:** | **Summary of Revisions** |
| 1 | J Wenzel | 1/30/2009 | Initial Version |
| 2 | N Poupard | 5/6/2009 | Rh selection of plateletpheresis |
| 3 | N Poupard | 6/04/2009 | Clarification of Rh of RDP |
| 4 | L Ziebell | 8/01/2011 | Remove reference to use of random donor (RDP) platelets.Added definition of SDP.  |
|  | 5 | S Cassidy | 07/03/2019 | Removed part of policy statement regarding QA failure code for Rh pos plts to Rh neg patient. |

**Appendix A: Selection of Platelets**

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| Recipient | Donor  |  |  |  |  |  |
|  | 1 | 2 | 3 | 4 |  |  |  |  |
| O | O | A | B | AB |  |  |  |  |
| A | A | AB | (B or O volume reduced per physician orders)\* |
| B | B | AB | (A or O volume reduced per physician orders)\* |
| AB | AB | (A or B volume reduced per physician orders)\* |

**Rh-** SDP products are considered to be red cell free. If Rh-negative platelets are not available for an Rh-negative patient, Rh-positive platelets of the patient’s ABO group should be chosen. **Switch Rh of SDPs before switching ABO groups.**

**Transfuse group AB platelets if patient type is unknown.**