CRYOPRECIPITATE – PREPOOLED (5 UNITS)

☒ St. Joseph Medical Center Tacoma, WA ☒ St. Clare Hospital Lakewood, WA ☐ St. Elizabeth Hospital Enumclaw, WA
☒ St. Francis Hospital Federal Way, WA ☒ St. Anthony Hospital Gig Harbor, WA ☐ Highline Medical Center Burien, WA ☐ PSC

PURPOSE

To define the steps for thawing and modifying pre-pooled cryoprecipitate (cryo) for adults and pediatric patients. Infants are not in the scope of this document.

BACKGROUND

Cryoprecipitate is that portion of the plasma that is precipitated from thawing FFP under controlled conditions. Cryo is rich in Factor VIII, Factor XIII, and fibrinogen.

Pre-pooled cryoprecipitate (cryo) is a frozen blood product which must be stored at ≤ -18C. Each bag of pre-pooled cryo contains 5 units of cryoprecipitate which were collected from the whole blood donation of 5 different donors – one cryo per donor. Most cryoprecipitate orders come to the blood bank as an order for 10 units. This is equivalent to 2 bags of pre-pooled cryo which must then be prepared and thawed.

Once thawed, cryoprecipitate must be stored at room temperature (20-24^{o}C).

Generally infants will use single units of cryo rather than prepooled units as a single unit of cryo is usually sufficient to restore normal hemostasis. Two single units are kept at SJMC for infant use. If an emergency situation arises, please contact the SJMC blood bank at 127-6654 for guidance.

ABORH COMPATIBILITY

Blood type is not a consideration in most circumstances. Type-specific or compatible cryoprecipitate is preferred if infusing large volumes and is required in infants

RELATED DOCUMENTS

R-PO-TS0300	Blood Component Selection Policy
J-W-TS-0419	Neonatal Cryoprecipitate
R-W-TS0405	Plasma-Containing Components Order Documentation at SAH, SCH, SFH

SPECIMEN COLLECTION AND TESTING

If a blood type is not on file for the patient, a blood-banded specimen must be drawn from the patient, and an ABORH test must be performed, however in an emergent situation when there is no blood type on file, do not wait for a blood sample to arrive and be tested. Give any cryo that is available. Why, then, do we need a blood-banded specimen?

- To have an ABORH type recorded in the patient history (PTC).
- To eliminate the need for a second blood draw solely for the purpose of verifying the type of a non-banded specimen.
- Patients requiring cryo usually also need RBC transfusions due to hemorrhage.

EQUIPMENT

- Plasma Thawer
- Overwrap bags

STEPS

Thawing

1. Remove pre-pooled cryo from the freezer. Allow the box to sit on the counter top for 5 minutes to help prevent breakage. In an urgent situation, do not wait the 5 minutes. Go directly (and gently) to step 2.

2. Place the pre-pooled cryo in an overwrap bag

3. Raise the baskets in the plasma thawer.

3. Hang the cryo/overwrap bag in the basket cage

4. Lower the cage into the water and begin agitation. Make a note of the time thawing began.

5. Agitate for 10 minutes

6. Check to see that the cryo has completely thawed.

7. If not thawed, re-agitate in 5 minute increments until completely thawed.

8. Inspect for leakage and if leakage has occurred, discard product and fill out a Problem Report to send to CRBS.

Cerner Modification & Result Entry

1. Enter the MOD function of Cerner

2. Line 01:
   - Enter through date
   - Enter the time the thawing began

4. Line 02:
   - Enter through the Tech ID

5. In the “Modification From” field:
   - Scan the unit number and press Enter.
   - The “Modification From” fields automatically populate with the unit information

7. Line 03:
   - Type in the new product code “TPPCR”. Press Enter.
   - The product description will automatically populate

8. Line 05:
   - Press the Enter button, and the expiration time automatically populates.
   - The expiration time will be calculated by Cerner to be exactly 6 hours from the time the thaw began

9. Line 06:
   - Change the “Status” to “04” (Reserved)
   - A line opens at the bottom left of the screen
   - Type in the MRN or the Patient Name
   - Always view patient comments if they are available
   - Reason is “01” which is “To be transfused”
   - Enter through the “Y” if the information is correct. Otherwise, change the default to “N” and select the appropriate line(s) that require correction

10. Lines 07 and 08 automatically populate
    - Volume automatically populates to “100”
    - Enter through the volume and “ML”

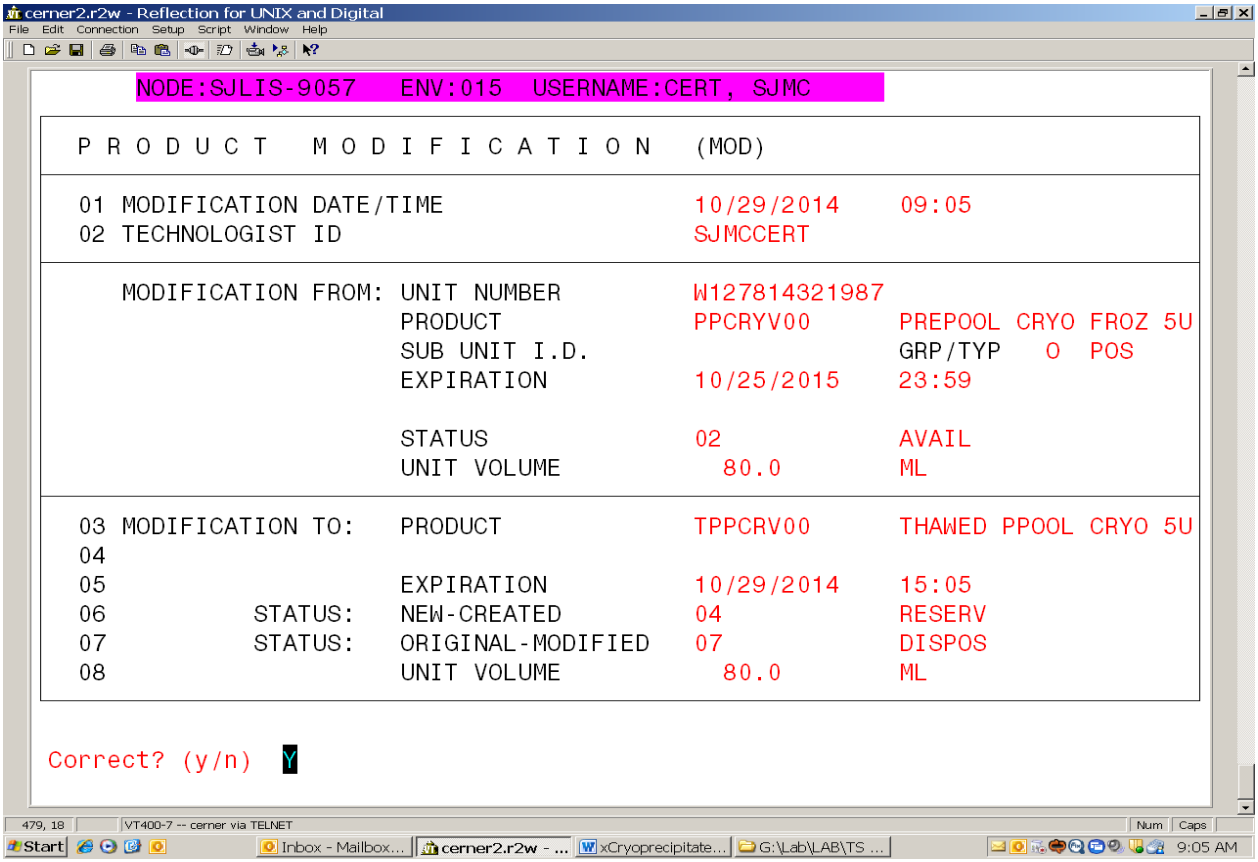
11. If all content is correct, enter through the “Y”. If not correct, type in “N” and the lines affected in order to make corrections.

12. Print the Transfusion Record form to the correct printer:

SJMC	SAH	SCH	SFH
LP06	LP79	LP52	LP33

13. Result the CRYO ORDER in Cerner.

Example of correct modification steps:



Labeling the Cryo

1. Place the patient label on the reverse side of the cryo unit.

2. Line through the preprinted expiration date/time on the face label of the unit.

3. Below the lined-out information, record the correct date, time, and Tech ID. Since this product has a 6-hour expiration once it is thawed, the expiration time will be 6 hours from the time the thawing process began.

4. Line through the pre-printed words ***"~~Store at -18C or colder~~"*** under the product information in the lower left corner of the label so that clinical staff will not misinterpret the storage conditions.

5. Place "Do Not Refrigerate" label on the unit

6. It is not necessary to send the Transfusion Record form with the cryo to the clinical unit unless this is an urgent situation where clinical staff would need the form in order to record vitals. Generally, this would be limited to the OR, obstetrical hemorrhage, or trauma.

REFERENCES

AABB Standards for Blood Banks and Transfusion Services, current edition

AABB Technical Manual, current edition

DOCUMENT APPROVAL Purpose of Document / Reason for Change:			
1. To explain how to thaw and modify (in Cerner) a pre-pooled cryoprecipitate bag that contains 5 cryo. 2. We are switching to pre-pooled 5-unit cryo bags to decrease TAT, allow all sites to thaw their own, and minimize potential safety problems that may occur when pooling units.			
☐ *No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.*			
Committee Approval Date	☒ Date: 11/4/14 ☐ N/A – revision of department-specific document which is used at only one facility	**Medical Director Approval** *(Electronic Signature)*	Katie Wilkinson, MD 10/31/14