**Purpose**

To provide instruction for receiving liquid plasma and processing for use in transfusion services laboratory

**Policy**

Liquid Plasma will be received and used by Harborview Medical Center Transfusion Services as part of the inventory. Product will be used within 18 days of collection. Liquid Plasma contains viable lymphocytes that may cause graft versus host reactions in susceptible patients.

**Indications**

* Treatment of patients undergoing massive transfusion due to life threatening trauma/hemorrhages who have clinically significant coagulation deficiencies.

**Contraindications**

* Patients requiring leukoreduced, irradiated blood products will not be issued liquid plasma prior to Transfusion Services Medical Director approval
* Not for treatment of coagulation factor deficiencies

**Procedure**

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | **Related Documents** |
| 1 | Inspect product for acceptability  | Receiving Blood Products into Inventory |
| 2 | Indicate 18 day expiration on Order Distribution Report (ODR)* Calculate the 18 day expiration from date of collection OR
* Calculate from expiration date of 26 days
* Expiration time is 2359 of the 18th day
 |  |
| 3 | Perform two person verification of expiration date prior to Blood Product Entry. Both people document tech ID on ODR |  |
| 4 | Write on Unit label the updated expiration date. |  |
| 5 | Perform Blood Product Entry* Scan all barcodes and enter volume.
* Enter any additional attributes (i.e. CMV neg, LTP)
* SAVE
 | Blood Product Entry in Sunquest Receiving and Processing Low Titer Plasma |
| 6 | Complete Blood Product Testing. |  |
| 7 | Complete BCP* Enter correct component prep code
* The output expiration will be blank, enter the expiration date calculated in step 2 above
 | Table A |
| 8 | A new label will print with the corrected expiration date* Affix Low titer plasma sticker, if required
 |  |
| **Step** | **Action** | **Related Documents** |
| 9 | Perform Blood Label Check * CMV, ACD volume, and LTP testing require 2nd tech verification
* Affix label to unit
 | Blood Label Check and Verification Manual Label Verification Form |
| 10 | Store liquid plasma. | Blood Product Storage Policy |

**Table A**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product** | **Input Code** | **Component Prep Code** | **Output Code** | **Hematrax Label size** |
| Liquid Plasma | E2469 | XE2469 | E2469 | ½ label |

**References**

Circular of Information for the Use of Human Blood and Blood Components, revised November 2013.