





Policy Name: Cryoprecipitate

Department: Blood Bank-Lab

Departmental Review:

Policy #: B4.1

INITIATE DATE

DATE REVIEWED/REVISED

PAGE 1 of 2

**PURPOSE:**

Cryoprecipitated AHF (CRYO) is a concentrate of high-molecular weight plasma proteins that precipitate in the cold. CRYO is the only concentrated fibrinogen product currently available for systemic use, and intravenous supplementation of fibrinogen is its primary clinical use, particularly in DIC. Cryo is also used in patients with severe von-Willebrand disease, isolated Factor XIII deficiency and to ameliorate the platelet dysfunction associated with uremia. One unit of CRYO contains approximately 250 mg of fibrinogen; the minimum required by AABB standards is 150mg.

**POLICY:**

Prepooled CRYO is ordered as needed from the supplier and stored at  $-18^{\circ}\text{C}$  or lower for up to one year after the date of phlebotomy.

RECIPIENT	FIRST CHOICE	SECOND CHOICE
A	A	O
B	B	O
O	O	A
AB	A	O

**PROCEDURE:**

1. Patient must have a current admission ABO/Rh.
2. Remove required units of CRYO from Blood Bank freezer.
3. Place the units into a plastic bag to prevent contamination while thawing.
4. Thaw with agitation in a  $30^{\circ} - 37^{\circ}\text{C}$  water bath for 10-15 minutes or until unit is completely thawed.
5. Remove thawed unit promptly from water bath to minimize Factor VIII degradation. Wipe dry.
6. Cross through original expiration date on the unit and attach revised expiration label under it with an **expiration date and time of 6 hours from thaw time.**
7. Resuspend the thawed precipitate carefully and completely, by kneading it into the residual plasma.
8. Attach patient label to unit.
9. **Thawed CRYO is stored at room temperature ( $20^{\circ}-24^{\circ}\text{C}$ ).**

**REFERENCES:**

AABB Technical Manual



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PAGE 2 of 2

Reviewed by	Reviewed Date	Reviewed by	Reviewed Date
<i>[Signature]</i>	8-19-10		
<i>[Signature]</i>	8-27-15		
<i>[Signature]</i>	5-28-15		

Initial Implementation Date: \_\_\_\_\_

Reviewed by: *[Signature]* Date: 7/10/13  
 Department Supervisor

Reviewed by: *Angela Lanster* Date: 7/8/13  
 Department Adm. Director

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department Chief Technologist

Reviewed and Approved by: *[Signature]* Date: 7/8/13  
 Department Medical Director