##  TITLE: Frozen Plasma, Cryo Reduced Plasma, Cryoprecipitate, and Platelets

##  General Consideration for Requests

###### All components can be dispensed as follows:

 Group O recipients - Can receive any ABO Rh type fresh frozen plasma, cryo reduced

 plasma or cryoprecipitate or a combination of types

 For example, recipient can receive Group O platelets, Group B

 fresh frozen plasma, and Group A cryoprecipitate, or a

 combination of these.

Can receive non-type specific platelets.

Group A recipients - Should receive type A or type AB fresh frozen plasma,

 cryo reduced plasma, or cryoprecipitate

Can receive any ABO Rh type cryoprecipitate in an emergency.

Can receive non-type specific platelets.

Group B recipients- Should receive type B or type AB fresh plasma, cryoprecipitate

 or cryo reduced plasma.

 Can receive any ABO Rh type cryoprecipitate in an emergency

 Can receive non-type specific platelets.

Group AB recipients - Should receive ONLY type AB fresh frozen plasma,

 Cryoprecipitate or cryo reduced plasma.

 Can receive any ABO Rh type cryoprecipitate in an emergency.

 Can receive any type of platelet.

Rh positive recipients can receive either Rh positive or Rh-negative components.

Rh-negative recipients **(males of any age and female patients over the age of 55)** should be given Rh-negative components as far as possible; however, these recipients can safely receive Rh-positive components.

Rh negative **females of childbearing age or younger (under the age of 55**) must be transfused with Rh-negative platelets except in emergent situations or with physician approval.

###### If Rh negative platelets are not available, contact the physician for

 instructions.

 All female patients of childbearing age should be evaluated for Rh Immune

 Globulin under these circumstances.

The following chart is a guideline for selection of blood/blood components when ABO type-specific is unavailable.

SELECTION OF COMPONENTS WHEN ABO-IDENTICAL DONORS ARE NOT

AVAILABLE.

COMPONENT ABO GROUP ACCEPTABLE RATIONALE

 OF RECIPIENT ALTERNATIVE

FFP/thawed plasma/ O AB, A, or B Plasma must be

Cryo reduced plasma A AB compatible with

 B AB recipient blood

 AB None red cells.

Platelet pheresis\* O All ABO Groups ABO groups

 A acceptable;

 B compatible with

 AB recipient’s red cell

 preferred

Cryoprecipitate O All ABO Groups ABO groups

 A acceptable;

 B compatible with

 AB recipient’s red cell

 preferred

**\*Patients may receive up to 1000ml of incompatible platelet apheresis in a 24-hour period without deleterious effects or reducing therapeutic effectiveness.**

**PLEASE NOTE**: A partially or completely thawed component CANNOT be refrozen for

future use.

SPECIAL TRANSFUSION GUIDELINES

###### A. CMV Negative Products Ordered by Physician request

######

###### B. Irradiated Products See Irradiation Guidelines for Blood &

 Blood Components

######  Ordered by Physician request

## REFERENCE: AABB Technical Manual, 10th Edition, 2021

##  AABB Standards, 32nd Edition, 2020

**ATTACHMENT A**

**Selection order of CRYO by blood type:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Type** | **O** | **A** | **B** | **AB** |
| **1st** | **O** | **A** | **B** | **AB** |
| **2nd** | **ANY** | **ANY** | **ANY** | **ANY** |

**ATTACHMENT B**

**Selection order of FFP/thawed plasma by blood type:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Type** | **O** | **A** | **B** | **AB** |
| **1st**  | **O** | **A** | **B** | **AB** |
| **2nd** | **A** | **AB** | **AB** |  |
| **3rd**  | **B** |  |  |  |
| **4th** | **AB** |  |  |  |