



Indiana University Health

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Owner: Heather Vaught: Dir-Transfusion
 Medicine-Lab
Area: Lab - Blood Bank
Tag: Manual: Components
Applicability: Indiana University Health
 Pathology Laboratory

Massive Transfusion Protocol

PURPOSE:

Provide procedures for activation and management of Massive Transfusion Protocol (MTP). MTP is used to provide significant volumes of blood components in an efficient, effective, and expedited manner to treat a hemorrhaging patient.

SCOPE:

This procedure details the process for activating and deactivating the MTP, with specific steps to be followed to insure the rapid availability of blood components. This includes key issues to insure availability of blood components and steps to be followed to limit wastage. All blood bank staffs are impacted by this procedure. This procedure is intended for patients at Methodist Hospital, University Hospital, and Riley Hospital for Children.

EXCEPTIONS:

Any exceptions to this procedure must have documented approval according to [BBQA-002](#).

DEFINITIONS:

Dose:	The components provided in a Pediatric Massive Transfusion dose depends on the weight of the patient.				
	Recipient's Weight	DOSE			
		LPC	TP	LAPL	CRYO (if ordered)
	≤ 17 Kg or ≤ 38 lbs	2 (Fresh, < 8 days old)	2	½ or 1*	1 unit
	> 17 Kg to 40 Kg or > 38 lbs to 88 lbs	4	4	½ or 1*	5 units
Adults or children > 40 Kg or >	6	6	1	10 units	

	88 lbs
	* Issue ½ LAPL each dose or one unit of LAPL every other dose
Historical Blood Type	Refers to ABO and Rh type documented in CERNER or current Laboratory Information System. Do not use ABO and Rh type found in any Legacy system such as BBARCHIVE, ADAC, or Sunquest
Incompatible Blood:	Donor blood that has been found incompatible either serologically or electronically with patient's sample.
Mismatched Blood:	Donor blood that is a major mismatch with patient's blood type: (for example: Group A Rh positive donor RBCs transfused to Group O Rh positive patient).
Type-specific Blood:	Donor blood with identical blood type of recipient.
Type-compatible Blood:	Donor blood Type-specific or not identical to patient's blood type, but compatible for transfusion: For example: Group O Rh positive donor Red Blood Cells (RBCs) transfused to Group A Rh positive patient.
Uncrossmatched Blood:	Donor blood that has not been crossmatched either serologically or electronically with patient's sample.

POLICY STATEMENTS:

1. MTP may be **activated** by treating physician or designee, when anticipated that patient will require massive volumes (usually greater than 10 units) of blood and blood components by contacting Methodist Hospital Blood Bank (MHBB) or University Hospital Blood Bank (UHBB) to activate MTP. As each dose is issued from the laboratory, the next dose is prepared until STOPPED by treating physician.
2. BB Management should be notified if there is insufficient inventory of components. BB Management will determine if additional notifications are required.
3. MTP must be **deactivated** by treating physician or designee, once it has been determined urgent need for blood has been managed.
4. Guidelines for selection of blood components (number and blood type) are outlined in the procedure below. Any deviations from the guidelines listed must be reviewed with the Blood Bank physician on duty/on call.
5. Patient's special component needs will not be provided to expedite the provision of blood components. (ie. CMV negative, Fresh, Washed, HLA matched, Antigen Matched and/or Irradiated blood will not be provided). **Exception:** fresh red cells (LPC < 8 days old) will be used for a patient who is **≤ 17 Kg**.
6. Patients who are NNP eligible (No Crossmatched Required), do not require LPC to be serologically or electronically crossmatched. See SOP BBT-008 for exceptions.
7. Blood Bank Physician will consult with treating physician or designee, when inventory of compatible blood is in danger of being depleted for use in the system. Discussion must occur between Blood Bank Physician and treating physician or designee regarding use of mismatched or incompatible blood components.
8. Delivery of Doses:
 1. University and Methodist: Patient service area shall arrange for pick-up and delivery of transport coolers to and from the blood bank. Empty Coolers will be returned to Blood Bank by Patient

Services.

2. Riley: Patient service area shall arrange for proper placement of LPC and TP in transport coolers containing approximately 2.5 Kg of wet ice.
9. CRYO is not automatically included in any dose and must be ordered by treating physician or designee when needed.

PRINCIPLE/BACKGROUND

AABB requires that accredited facilities have a Massive Transfusion protocol for the treatment of hemorrhaging patients. The Massive Transfusion protocol:

- Provides blood products in a fixed ratio. Studies have shown that earlier transfusion with higher blood product ratios have been associated with improved outcomes.
- Streamlines the ordering process for physicians: the clinical team can focus their efforts on caring for the patient instead of placing orders in the computer.
- Streamlines the documentation process for nurses, requiring fewer signatures and vital sign documentation (which are often captured elsewhere in the resuscitation record, anesthesia record, or in the patient's chart).

EQUIPMENT AND MATERIALS:

Small coolers, EZ-15 (15 quart)

Wet Ice, Ice Bags and Ice Scoop (verified for average size scoop content).

Forms and Labels: See section on Appendices/Attachments/Forms/Labels

SPECIMEN REQUIREMENTS:

Minimum sample volumes are as follows:

Neonates – 3 years:	2	lavender microtainers
3 years – Adult:	1	3 cc or 6 cc lavender

NOTE: Microtainer™ tubes accepted if quantity is sufficient for testing.

NOTE: NO SERUM SEPARATOR TUBES ACCEPTED.

See SOP [BBT-011](#) for additional sample requirements.

PROCEDURE:

1. Activation of MTP:
 1. Treating physician or designee calls MHBB or UHBB to activate MTP.
 1. Patient Services Staff will enter orders into Cerner.
 2. Blood Bank staff completes MTP activation form ([BBCP-F004](#)) based on phone initiation, including:
 1. Date and time of activation.
 2. Name of the physician or NP who is responsible for the order. Note that a nurse may call the blood bank to relay the practitioner's order, but they must be able to provide the name

of a provider who ordered the transfusions.

3. Patient name and MRN.
 4. The patient weight, if activating for a pediatric patient.
 5. The patient's gender.
 6. The name and phone number of the primary contact person for this patient.
 7. Remind the caller that we will need a (purple-top) sample from the patient as soon as possible.
2. Once Activation form is filled out, immediately check Cerner for current Blood Type and document on the Activation form. If no blood type is found, leave blank.
 3. Perform history check and make note of any antibodies or special needs.
2. Print 50 Clinic Labels following [BBCP-JA003](#). Print more when needed.
 3. Prepare products
 1. LPC:

1. Number to prepare:

Recipient is...	Number of LPCs...
≤ 17 Kg or ≤ 38 lbs	2 (< 8 days old)
17.1 to 40 kg (39-88 lbs)	4
Adults or children >40 kg (>88 lbs)	6


2. Blood type to prepare:

If...	And patient is...	Then...
Patient has a current type and screen	(n/a)	Use type-specific or type-compatible RBCs*.
Patient does not have current type and screen	Male 12 or under OR Female 50 or under	Use O- LPCs
	Male 13 or older OR Female 51 or older	Use O+ LPCs

***NOTE:** To save time, pre-made O+ or O- trays may be used for Dose 1 even if the patient has a current type and screen. Follow the same selection guidelines as if the patient did not have a current type and screen *except* males under 12 or females under 50 may receive O+ if their current type and screen indicates that they are Rh+. Switch to type-specific or type-compatible for the 2nd and subsequent doses.

3. Labeling for Patient:
 1. Label each LPC with a red Uncrossmatched label affixed to the top portion of the bag.
 2. Either complete the name and MRN by hand or attach a clinic label. Example of finished

label:

TYPE COMPATIBLE: UNCROSSMATCHED	FIN: 000000000000 MRN: 00000000 NA: SHOE, JIM DOB: 11/14/2006 M Date 10/14/09 OUTPATIENT-PRE HAUT, PAUL R
MRN: _____ ISSUED FOR: Name _____	
** All crossmatch testing will be completed as soon as possible upon Receipt of patient sample.	

- If the patient is known to have an antibody, or if an antibody is discovered during testing of the patient's current sample, then remove a segment from each LPC, label with a DIN sticker, and save the segments for compatibility testing.

2. Plasma:

- Number to prepare:

Recipient is...	Number of TP...
≤ 17 Kg or ≤ 38 lbs	2
17.1 to 40 kg (39-88 lbs)	4
Adults or children >40 kg (>88 lbs)	6

- Blood type to prepare:

If....	Then...
Patient has current or historical blood type	Use plasma that is compatible with the patient's blood type*.
Patient does not have current or historical blood type	Use Group A plasma

*NOTE: If the patient is B or AB and there is not enough thawed type-compatible plasma ready, then use all of the type-comptatible plasma that is ready and complete the dose with Group A.

- Labeling for patient: Attach a Cerner Clinic Label to the front top of each plasma bag. If Cerner clinic labels are not available, the following label may be used with the patient's name, MRN

(Hosp. No.), and the date hand-written.

NAME _____
Hosp. No. _____
Rm.No. _____ Date _____

U/L L5104

3. Platelets:

- Number to prepare:

Recipient Is...	Number of Platelets...
40 kg or less (88 lbs or less)	Either 1/2 platelet each dose or 1 platelet every other dose
Adult or >40 kg (>88 lbs)	1 platelet every dose

- Type to prepare:

Patient's ABO Group	Donor ABO Group			
	1 st Choice	2 nd Choice	3 rd Choice	4 th Choice

Unknown	AB	A	B	O
Known	Group-compatible following Table 1 in BBCP-004			

3. Labeling for the patient:

1. Platelets will be prepared, assigned, and dispensed following SOP [BBCP-004](#) and [BBCE-007](#).
2. Each platelet will have a Transfusion Tag attached and a Dispense Packing List will be printed.
3. Platelets will not be documented on the Emergency (Uncrossmatched) Blood Delivery and Transfusion Record.

4. Cryoprecipitate (when ordered):

1. Number to prepare:

Recipient is...	Number of Cryo...
≤ 17 Kg or ≤ 38 lbs	1 single unit
17.1 to 40 kg (39-88 lbs)	1 pool of 5
Adults or children >40 kg (>88 lbs)	2 pools of 5

2. Type to prepare:

Recipient is...	Then...
>2 years old	Any type cryo can be used
≤2 years old	Use ABO compatible cryo. If the patient's blood type is unknown, use Group AB.

3. Labeling for patient:

1. Cryo will be prepared, assigned, and dispensed following SOP [BBCP-026](#) and [BBCE-007](#).
2. Each cryo will have a Transfusion Tag attached and a Dispense Packing List will be printed.
3. Cryo will not be documented on the Emergency (Uncrossmatched) Blood Delivery and Transfusion Record.

4. Complete the Emergency (Uncrossmatched) Blood Delivery and Transfusion Record. **NOTE:** Any section not mentioned in these steps may be left blank.

1. Write the Dose Number across the top of the Form.
2. Record the date and time the dose is prepared at the top of the Form.
3. Place a Cerner Clinic Label on all three copies of the Form, under the date and time.
4. Peel three skinny DIN labels from each LPC and place one label on each copy of the Form, starting with the first line in the Donor # column. If fewer than three labels are available, then hand-write the DIN.
5. Document the expiration date of each LPC and first 5 characters of the product code.
6. Hand-write the DIN of each plasma component, its expiration date, and the first 5 characters of the product code on the white copy of the Form, starting with the first row below the darkened line.

7. Peel the extra DIN label from each plasma component and place on the right-hand side or back of the pink copy of the Form.
5. Prepare the cooler. **NOTE:** Blood Bank will prepare coolers for patients at University and Methodist hospitals. Nursing will routinely prepare coolers for Riley patients unless the pneumatic tube system is unavailable. For Riley patients whose MTP blood will be tubed, skip to 5.9.
 1. Place the LPC and TP in the cooler, standing on edge so that the products form a single layer on the bottom of the cooler and the bag of ice will touch each product.
 2. Place approximately 2.5 Kg or 2 full scoops of wet ice into a plastic ice bag.
 3. Securely tie each ice bag to prevent leakage and handle so as not to puncture the plastic bags. **NOTE:** Pre-filled Ice bags may be prepared and stored in the ice machine for up to two hours.
 4. Place 1 filled wet ice bag inside top of the loaded cooler of 6 LPC and 6 TP.
 5. Place the instruction reminder sheet (see [Job Aid BBCP-JA002](#) for MHBB or [Job Aid BBCP-JA004](#) for UHBB) inside each cooler.
 6. Document the cooler number on the Emergency (Uncrossmatched) Blood Delivery and Transfusion Record.
 7. Document the cooler expiration date and time - 10 hours after the ice was placed into the cooler - on the Emergency (Uncrossmatched) Blood Delivery and Transfusion Record.
 8. Remove the pink copy from the Emergency (Uncrossmatched) Blood Delivery and Transfusion Record and retain in the lab. Fold the white and yellow copies (together) long ways and place in the clear pouch on the outside of the cooler.
 9. Write on Salmon colored Patient Information card:
 1. Patient Name and MRN

Patient Information:	
#1	
<i>Last Name</i>	_____
<i>First Name</i>	_____
MRN:	_____
This Cooler Must be Returned or Replaced	
by:	_____ hr.
Date:	_____
Contains:	
___ Autologous (Use 1 st)	
___ Directed (Use 2 nd)	
<small>© Health Blood Bank Indianapolis, IN #1002</small>	

2. MTP Dose #, hand-written using permanent marker. Example:
 3. Date and time that the cooler expires (10 hours after the ice was placed into the cooler).
10. Place the salmon card in the pocket on the outside of the cooler.
11. Place the Platelets and Cryo (if ordered) and the corresponding Cerner Dispense Packing List(s) on counter next to the cooler to be picked up.
6. Complete the MTP Dose/Cooler/Component Tracking Form ([BBCP-F005](#)):
 1. Patient name and MRN (a Cerner Clinic Label can be used)
 2. The cooler ID used for the dose.

3. The time that it is ready.
4. The number of RBC, TP, LAPL, and Cryo prepared.
7. Methodist and University (and Riley during PTS downtime): If someone is not already waiting for the cooler, call the phone number provided and inform them that the MTP is ready to be picked up. Ensure that the time of pickup and the initials of the individual are documented on Form BBCP-F005.
8. If the patient is at Riley, ask if they are ready for the blood to be sent.
 1. If they are ready for the blood to be sent, then send the blood and salmon card via pneumatic tube and document the PTS number and time sent on Form BBCP-F005.
 2. If they are not ready for blood, then ask them to call when ready with the tube station number. See previous step.
9. Immediately after a dose is sent/picked up, prepare the next dose following Steps 2-8. Notes for subsequent doses:
 1. If the patient's blood type is unknown after two doses, issue Group AB plasma until the blood type is determined.
 2. Cryoprecipitate is recommended at the 3rd dose. Suggest when the 2nd dose is sent/picked up that if Cryo is needed it should be ordered soon.

10. DEACTIVATION

1. The clinical team or return unused blood products to deactivate the MTP. Document the date and time of deactivation and the physician (or designee) on BBCP-F004.
2. If a MTP dose has been ready for >45 minutes and not picked up, Blood Bank may call the clinical communication lead to determine if the MTP can be deactivated.

11. Retrospective Processing of LPC:

1. Perform retrospective compatibility testing (See SOP BBT-001 or BBT-002) on **ALL UNITS** that were reserved for the patient, including LPC that were not picked up. **NOTE:** For patients \leq 4 months old who are eligible for NNP, see BBT-008.
2. If the patient has an antibody:
 1. AHG crossmatch must be performed on all units, whether transfused or untransfused.
 2. Antigen testing of donor units:

If...	Then...
Patient was transfused with \leq 6 LPC	Test all units transfused. Antigen testing not required on units that were not transfused.
Patient was transfused with 7 or more LPC	Seek Blood Bank physician on duty/on call for guidance on antigen testing strategy

3. Notify the Blood Bank physician on duty/on call if:
 1. The patient was transfused with an incompatible or antigen-positive unit.
 2. An Rh- Female patient < 51 years or male <13 years has received Rh Positive LPCs
4. Call the patient service on the results of testing.
5. Document on Form BBCP-19 (may be documented on either the retained pink copy or the returned yellow copy):

1. Time Crossmatch completed.
 2. Interpretation of Compatibility Testing.
 3. Tech Initials calling.
 4. Staff Receiving the call.
12. Follow SOP [BBT-018](#) to assign and dispense all LPC and TP that were reserved for the patient.
1. Start a new dispense session for each MTP dose.
 2. Back-date the dispense time to match the time that the dose left the Blood Bank. See [BBCP-F005](#).
 3. Indicate the Dose number using the Courier field.
13. Determine if the patient needs a Transfusion Requirement added on the Patient Product Inquiry screen. Add Transfusion Requirement, if necessary, following steps in [BBCE-001](#).

Patient Blood Type	Plasma	Transfusion Requirement Needed?
A or O	Type specific or compatible	No
B	B	Yes: Group B RBCs
AB	AB	Yes: Group A RBCs

NOTE: The Transfusion Requirement remains on the patient until anti-B becomes undetectable via routine ABO/Rh testing. Once the patient's plasma no longer reacts with the B typing cells, the Transfusion Requirement may be removed.

14. Return any untransfused products following [BBT-018](#).
15. Staff review of documentation:
1. Match the yellow and pink copies of [BBCP-19](#). When the yellow copy is returned, the pink copy can be discarded in the Shred-It bin.
 2. Ensure that all units have been dispensed (and unused units returned) in Cerner.
 1. Staple one copy of the Dispense Packing List to the yellow copy of [BBCP-19](#).
 2. Place the other copy of the Dispense Packing List with the signed and returned Dispense Packing Lists.
 3. Ensure that all returned units have been marked as returned on the yellow copy of [BBCP-19](#).
 4. Ensure that all units not returned have been signed for on [BBCP-19](#). If any transfused units are not signed for, then write **Transfused** on the yellow copy and notify the Ward Communication Lead to correct the white copy.
 5. File the Transfusion Documents from the transfused platelet and/or cryo components with the completed Transfusion Documents.
 6. **NOTE:** Physician signature is *not required* in the "Attention Ordering Physician" area of [BBCP-19](#). For MTP, the physician will sign the Emergency Release statement via the Massive Blood Transfusion order in Cerner.
16. Manager Review of Documentation:
1. Submit the following documentation to the Manager or Supervisor for review:
 1. Complete form [BBCP-19](#), "Emergency (UNCROSSMATCHED) Blood Delivery".
 2. Completed MTP Activation Form.

3. Dispense Packing Lists, for LAPL and CRYO. To document correct time issued.
 4. Dose Tracking Forms.
 5. Massive Blood Transfusion Order (if available).
2. The Manager or Designee will review the submitted documentation for completeness and accuracy.

APPENDICES/ATTACHMENTS/FORMS/LABELS

ATTACHMENT 1: Example of completed form BBCP-19

Located in designated 3 drawer table near Ice Maker

- Form BBCP-19
- Salmon colored patient information card
- Patient Label (used for down time)
- Red Uncrossmatched labels

FORM BBCP-F004: MTP Activation Form

FORM BBCP-F005: Dose/Cooler/Component Tracking

JOB AID BBCP-JA002: MTP Reminder: Methodist Blood Bank

JOB AID BBCP-JA003: Generating "Clinic Label"

JOB AID BBCP-JA004: MTP Reminder: University Blood Bank

REFERENCES/CITATIONS:







Quality System, IU Health.
 AABB Technical Manual, current edition.
 AABB Standards, current edition.

Policy #:

BBCP – 015



Attachments:

- Attachment 1: Example of Completed Form
 BBCP-19
-  Image 01
 -  Image 02
 -  Image 03
 -  Image 11
 -  Image 12
 -  Image 13

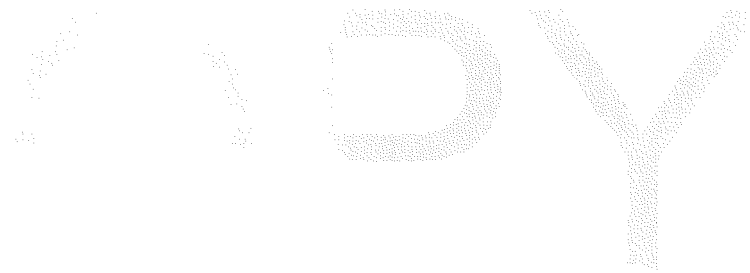
Approval Signatures

Step Description	Approver	Date
Blood Bank Division Director	Daniel Smith: Division Director	10/2018
Blood Bank Medical Director	Nguyet Le: Staff Physician	09/2018

Step Description	Approver	Date
Supervisors (QA Unit)	Tracie Ingle: Supervisor-Lab	09/2018
Supervisors (QA Unit)	Jayanna Slayten	09/2018
Supervisors (QA Unit)	Evangeline Miguel	09/2018
Director	Heather Vaught: Dir-Transfusion Medicine-Lab	08/2018

Applicability

Indiana University Health Pathology Laboratory





MTP Activation Form

Date/Time Activated: _____

Requesting: _____, MD/DO/NP
(Last, Name) (First Name or First Initial)

<p>MRN: _____</p> <p>Name: _____ <i>Or attach Cerner/Chart label here</i></p>	<p>Ward/Room: _____</p> <p>Patient Blood Type: _____</p> <p>Patient Weight (circle): Adult/>40Kg 17.1-40Kg ≤17Kg</p> <p>Patient Gender (circle): Male or Female</p>
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Ward Primary Contact: _____ Telephone: _____

Blood Bank Team Member Starting MTP: _____

<p>Date/Time: _____</p> <p>Deactivated by: _____, MD/DO/NP</p> <p>Blood Bank Team Member Deactivating MTP: _____</p>	
--	--



MTP Dose/Cooler/Component Tracking Form

MRN: _____

Name: _____
Or attach Cerner label here

Time of Activation: _____

Time Sample Received: _____

	Cooler #	Cooler ID #	SENT					TIME Picked UP or PTS (Riley)	Deliver Initials
			Time Ready	RBC	TP	LAPL	CRYO (as ordered)		
Dose 1	1								
Dose 2	2								
Dose 3	3								
Dose 4	4								
Dose 5	5								
Dose 6	6								
Dose 7	7								
Dose 8	8								
Dose 9	9								
Dose 10	10								
Dose 11	11								
Dose 12	12								

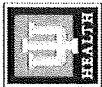
PATIENT CATEGORY	DOSE			
	RBC	TP	LAPL	CRYO
> 40 Kg or Adult (> 88 lbs)	6	6	1	10 <i>If Requested</i>
> 17 Kg to 40 Kg (> 38 lbs to 88 lbs)	4	4	½ or 1	5 <i>If Requested</i>
≤ 17 Kg or ≤ 38 lbs	2 (Fresh)	2	½ or 1	1 <i>If Requested</i>

Remarks:



Job Aid: MTP Component Preparation

		Type to Prepare									
RBC	# to Prepare	<table border="1"> <thead> <tr> <th>Recipient is...</th> <th>Number of LPCs...</th> </tr> </thead> <tbody> <tr> <td>≤ 17 Kg or ≤ 38 lbs</td> <td>2 (< 8 days old)</td> </tr> <tr> <td>17.1 to 40 kg (39-88 lbs)</td> <td>4</td> </tr> <tr> <td>Adults or children >40 kg (>88 lbs)</td> <td>6</td> </tr> </tbody> </table>		Recipient is...	Number of LPCs...	≤ 17 Kg or ≤ 38 lbs	2 (< 8 days old)	17.1 to 40 kg (39-88 lbs)	4	Adults or children >40 kg (>88 lbs)	6
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	≤ 17 Kg or ≤ 38 lbs	2 (< 8 days old)									
	17.1 to 40 kg (39-88 lbs)	4									
Adults or children >40 kg (>88 lbs)	6										
	Current T&S?	And patient is...	Then...								
	Yes	(n/a)	Use type-specific or type-compatible RBCs*.								
	No	Male 12 or under OR Female 50 or under Male 13 or older OR Female 51 or older	Use O- LPCs Use O+ LPCs								
	<p>*NOTE: To save time, pre-made O+ or O- trays may be used for Dose 1 even if the patient has a current type and screen. Follow the same selection guidelines as if the patient did not have a current type and screen <i>except</i> males under 12 or females under 50 may receive O+ if their current type and screen indicates that they are Rh+. Switch to type-specific or type-compatible for the 2nd and subsequent doses.</p>										
TP	# to Prepare	<table border="1"> <thead> <tr> <th>Recipient is...</th> <th>Number of TP...</th> </tr> </thead> <tbody> <tr> <td>≤ 17 Kg or ≤ 38 lbs</td> <td>2</td> </tr> <tr> <td>17.1 to 40 kg (39-88 lbs)</td> <td>4</td> </tr> <tr> <td>Adults or children >40 kg (>88 lbs)</td> <td>6</td> </tr> </tbody> </table>		Recipient is...	Number of TP...	≤ 17 Kg or ≤ 38 lbs	2	17.1 to 40 kg (39-88 lbs)	4	Adults or children >40 kg (>88 lbs)	6
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	≤ 17 Kg or ≤ 38 lbs	2									
	17.1 to 40 kg (39-88 lbs)	4									
Adults or children >40 kg (>88 lbs)	6										
	If...	Then...									
	Patient has current or historical blood type	Use plasma that is compatible with the patient's blood type*.									
	Patient does not have current or historical blood type	Use Group A plasma									
	<p>*NOTE: If the patient is B or AB and there is not enough thawed type-compatible plasma ready, then use all of the type-compatible plasma that is ready and complete the dose with Group A.</p>										



Job Aid: MTP Component Preparation

	# to Prepare	Type to Prepare																										
PLT	<table border="1"> <tr> <th>Recipient Is...</th> <th>Number of Platelets...</th> </tr> <tr> <td>40 kg or less (88 lbs or less)</td> <td>Either 1/2 platelet each dose or 1 platelet every other dose</td> </tr> <tr> <td>Adult or >40 kg (>88 lbs)</td> <td>1 platelet every dose</td> </tr> </table>	Recipient Is...	Number of Platelets...	40 kg or less (88 lbs or less)	Either 1/2 platelet each dose or 1 platelet every other dose	Adult or >40 kg (>88 lbs)	1 platelet every dose	<table border="1"> <tr> <th>Patient's ABO Group</th> <th colspan="4">Donor ABO Group</th> </tr> <tr> <td>Unknown</td> <td>1st Choice</td> <td>2nd Choice</td> <td>3rd Choice</td> <td>4th Choice</td> </tr> <tr> <td>Known</td> <td>AB</td> <td>A</td> <td>B</td> <td>O</td> </tr> <tr> <td></td> <td colspan="4">Group-compatible following Table 1 in BBCP-004</td> </tr> </table>	Patient's ABO Group	Donor ABO Group				Unknown	1 st Choice	2 nd Choice	3 rd Choice	4 th Choice	Known	AB	A	B	O		Group-compatible following Table 1 in BBCP-004			
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