

**Date:** January 21, 2016

**To:** AHS & Covenant – Edmonton Zone Medical Staff, Clinical Nurse Practitioners, Clinical Nurse Educators, and Unit Managers

**From:** Dr. Susan Nahirniak, Transfusion Medicine Section Chief  
Dr. Melanie Bodnar, Plasma QI project Co-Lead  
Dr. Mohamed Refei, Plasma QI project

**Re:** Plasma Guideline and Plasma Request Form

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**PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE**

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**Key Messages:**

There is a new QI project supported and funded by AHS that will be implemented as a pilot across all hospitals in the Edmonton Zone, including the Covenant sites served by the Edmonton Zone Transfusion Medicine Service, over the next three month period.

In brief, this project provides guidance to the use of Frozen Plasma (FP) transfusions in adult, non-bleeding patients who are undergoing an ultrasound-guided procedures (in specific paracentesis, thoracentesis, and central venous catheterization). A number of studies as well as other institutional guidelines recommend INR cut-off greater than 3.0 to warrant plasma transfusion as a prophylactic measure prior to these procedures. Currently, we audit practice on a case by case situation but do not have a standardized process. This unfortunately can lead to delays in patient management and frustration from both sides of the clinical team.

**Why this is important:**

We are counting on your help with this **pilot** project to improve patient care and to ensure appropriate utilization of this blood component. Feedback regarding the request form, draft guideline and the process during the pilot can be sent to [Susan.Nahirniak@ahs.ca](mailto:Susan.Nahirniak@ahs.ca) for collation and then subsequent review by the Edmonton Zone Transfusion Medicine Committee and future revision/ refinement.

**Action Required:**

We are proposing a number of interventions to be implemented across the Edmonton Zone where these procedures might be performed. These interventions include:

- A plasma transfusion request form.
  - available on the AHS website at the link included below <http://www.albertahealthservices.ca/lab/Page5496.aspx>
  - The request form will be required for each plasma order.
- A draft guideline for the use of plasma in our zone.
  - The draft guideline has been circulated for review by various stakeholder departments. Copies of this guideline will be made available for patient care units on the AHS website (<http://www.albertahealthservices.ca/lab/Page5496.aspx>). **It is critical to obtain feedback as to the assignment of risk for procedures within your specialty.**
- Ongoing availability and consultation with Transfusion Medicine Physicians.

2 10 Form B: AHS Edmonton Zone Frozen Plasma (FP) Request Form  
Effective Date: January 4<sup>th</sup>, 2016

This document is applicable at site(s):  
All Sites

## 2 10 Form B: AHS Edmonton Zone Frozen Plasma (FP) Request Form

**Call Blood Bank to order FP AND fax complete form\* to your Blood Bank**  
\*Must be completed on ALL requests for FP on all patients regardless of indication.

### Patient Information:

Patient Name:	Birthdate:
ULI/PHN:	
Patient Weight (kg):	ft:
INR: PTT:	
Note: Recommended	

SAMPLE

### Indications\*:

- Active, major surgery
- Urgent moderate-to-high risk surgery (within 6 hours) with an INR >1.8 (NOT on anticoagulation)  
Surgery/Procedure: \_\_\_\_\_
- Non-bleeding, with an INR >3.0 undergoing low-risk invasive procedure\*\*  
Procedure: \_\_\_\_\_
- Other – Please specify indication: \_\_\_\_\_
- Is the patient on any Oral AntiCoagulants? Yes  No   
If yes, then if patient is: a. On Coumadin, complete prothrombin complex concentrate request form.  
b. On Rivaroxaban/Apixaban or Dabigatran: refer to provincial guidelines and contact TM physician for dosing/approval of prothrombin complex concentrate or FEIBA.
- Does this patient have a specific coagulation factor deficiency? Yes  No   
If yes, then order the specific factor replacement.

Note: FP is not indicated in the reversal of coagulopathy with INR < 1.8 regardless of bleeding status/surgery (Choosing Wisely Canada).

Note: Prothrombin complex concentrates are the recommended blood product for urgent reversal of Coumadin coagulopathy (refer to the separate PCC request form).

\* Please refer to recently drafted local guideline on plasma utilization in reversal of coagulopathy.

\*\* In particular, ultrasound-guided procedures such as paracentesis, thoracentesis, and central venous catheterization.

### Physician Information and Contact:

Requesting Physician:	Priority: <input type="checkbox"/> STAT <input type="checkbox"/> Routine
Requesting Physician's Pager Number:	Patient Locations (hospital/unit/specialty):

SITE	PHONE	FAX	SITE	PHONE	FAX	SITE	PHONE	FAX
UAH	780-407-8802	780-407-3245	SGH	780-418-8257	780-418-7319	RED	780-942-6618	780-942-2638
*RAH	780-735-4382	780-735-6591	DVH	780-342-7029	780-342-7034	STO	780-968-3271	780-968-3665
GNH	780-735-7090	780-735-7725	FSH	780-992-5807	780-998-1159	NEC	780-342-4142	780-457-0893
MIS	780-735-2734	780-735-9128	LEH	780-980-4604	780-980-4606	SPK	780-342-3469	780-342-3574

\*RAH: Completed forms can be tubed to station 56 as an alternative to faxing.

**Inquiries and feedback may be directed to:**

Feedback regarding the request form, draft guideline and the process during the pilot can be sent to [Susan.Nahirniak@ahs.ca](mailto:Susan.Nahirniak@ahs.ca) for collation and then subsequent review by the Edmonton Zone transfusion medicine committee and future revision/ refinement.

**This bulletin has been reviewed and approved by:**

Dr. Susan Nahirniak, Transfusion Medicine Section Chief  
Dr. Melanie Bodnar, Plasma QI project Co-Lead  
Dr. Mohamed Refei, Plasma QI project