Alberta Health Services Class: Manufactured recombinant product			NiaStase RT® OTHER NAMES: recombinant Factor VIIa, eptacog alfa (activated) Company: Novo Nordisk			
ROUTES	DIRECT IV	IV Infusion	Continuous Infusion	SC	IM	OTHER
Acceptable Routes*	Yes	Yes	No	No	No	N/A
		these restricted vledge and skill t			ation from thei	r regulatory
	N OF PRODUC		o perform the se	all competently.		
 Supplication Coloria Latex 	ied in 1.0 mg, 2 ess histidine in -free	ins activated recore 2.0 mg, and 5.0 mg water solvent, in e	g single use vials	as a white lyophili		h a clear,
AVAILABILIT	Y:					
	ed by CBS ct your local lab	ooratory/transfusio	n service regardir	ng stock availabilit	y on site.	
INDICATIONS	FOR USE:					
bleed Glanz	ling episodes (i zmann's thromb	ents with inhibitors ncluding treatmen pasthenia with clin	t and prevention of ical refractoriness	of those occurring and/or platelet sp	during and afte becific antibodie	r surgery). es, or where
	ention of bleedin	nediately available ng in surgical inter			eding episodes :	and/or
 Knowi 		ity to any of the co	onstituents in the	preparation of Nia	Stase®, or to m	ouse, hamster,
	NINGS:					
 Bo treation postore coation Patreation treation anticological 	th arterial and watment, mostly itents with the fist-operatively, r agulation (DIC) itients with DIC atment with aP	venous thromboen in patients with pr ollowing condition neonates, risk of th , advanced athero CCs/PCCs (activa of developing thro	edisposing concu s: history of coror nromboembolic pl psclerotic disease ated/non-activated	rrent risk factors. hary heart disease henomena, or dise crush injury, sep d prothrombin com	Caution should , liver disease, i seminated intrav ticemia, or conc pplex concentra	be exercised in immobilized vascular omitant tes) may have
DOSE (Refer	to Product Ins	sert):				
Treatment for Re	bleeding epis		cg/kg (dose may v	ary depending on	severity of blee	ed). See produc
		nitial dose = 90 mo	cg/kg (dose may v	ary depending on	type of surgery). See product
		onsult with Hema	atologist or bleed	ling disorders cl	inic.	

ADMINISTRATION:

Ensure patient consent has been obtained prior to requesting blood product from lab/transfusion service where possible.

Pre-Infusion:

- Ensure recent patient weight is on file and pertinent labs are available. Perform the appropriate pre-transfusion checks per protocol.
- Ensure that the 'Review of Niastase RT® Use' form is filled out and sent back to the Blood Bank (To be filled out once/patient/indication) where required.

Access: NiaStase RT ® can be given via CVC, PICC, Port-a-Cath®, or peripheral IV line.

Reconstitution Supplies:

 NiaStase RT®, lyophilized in single dose vial and solvent Or NiaStase RT® lyophilized in single dose vial and prefilled syringe with solvent (MixPro® as of July 2015)

Administration Supplies:

- Sterile plastic syringe (large enough to contain dose) or pre-filled syringe (after July 2015) compatible with luer-lock connections
- Sterile 20-26 gauge needle
- Alcohol swabs

Reconstitution: Refer to reconstitution steps with vial adapter at following link:: http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-clin-tm-niastase-reconst-va.pdf

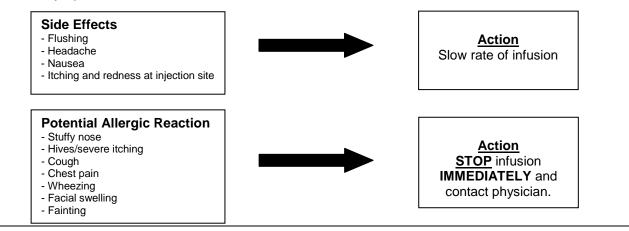
with syringe: http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-clin-tm-niastase-reconst-mixpro.pdf

Administration:

- Give immediately after reconstitution (within 3 hrs) of reconstitution. DO NOT freeze after reconstitution or store in syringes.
- Intended for IV bolus administration only.
- DO NOT mix with other drugs or IV solutions.
- DO NOT store reconstituted NiaStase RT® in syringes.
- Administration rate: Direct IV over 1-2 minutes, or at rate as requested by authorized prescriber or hemophilia clinic.

POTENTIAL HAZARDS WITH PARENTERAL ADMINISTRATION:

- Potential adverse events related to a blood product transfusion range in severity from minor with no sequelae to life-threatening.
- All adverse events occurring during a transfusion should be evaluated to determine whether or not the transfusion can be safely continued/restarted.
- All adverse events suspected to be related to a product transfusion (whether during or after a transfusion) should be reported to your local transfusion service.
- The most common adverse reactions are pyrexia, injection site reactions, headache, hypertension, hypotension, nausea, vomiting, pain, edema, and rash. Monitor for signs and symptoms of thrombosis.



NURSING IMPLICATIONS:

Patient Monitoring:

- Vital Signs: Pre-administration, on completion of dose, and as the patient condition requires.
- If the patient has experienced previous adverse reaction to product transfusion, or this is the first transfusion of product for patient, monitor for 30-60 minutes post.

Patients receiving product transfusions must be observed closely for signs of any unexpected or untoward reactions. These reactions may occur during or after the infusion of blood or blood products. For follow up instructions to a transfusion reaction, refer to the following link http://www.albertahealthservices.ca/lab/page4240.aspx. Notify the transfusion service as soon as possible that an adverse reaction has occurred.

Documentation:

- Ensure documentation is completed as per the AHS Transfusion of Blood Components and Products procedure
- Recipients of blood products are to be notified in writing of the transfusion

STORAGE & STABILITY OF PRODUCT:

- Stored at 2-30°C. Do not freeze.
- Keep protected from light.
- Reconstituted product must be administered within 3 hours of reconstitution.

COMMENTS:

Date Effective: 11 Sep. 2015 Revised Date: 11 Aug 2015 Version 1.1 Approved By: TM Network Document Number: PTMRGN00011 For questions or comments about this document, please contact Transfusion.SafetyTeam@albertahealthservices.ca **REFERENCES** NiaStase RT® product monograph CBS Customer Letter #2015-16 LINK to WEBSITE for PRESCRIBING INFORMATION: http://www.novonordisk.ca/