

# CANADIAN ANIMAL BLOOD BANK

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## Fresh Frozen Plasma

Fresh Frozen Plasma is made from 400-500 ml of whole blood collected in the anticoagulant Citrate Phosphate Dextrose Adenine (CPDA-1). Plasma is removed within 8 hours of collection and frozen. Shelf life is 1 year from collection date when stored frozen.

### Product Numbers

FP01 (Full size) Minimum volume of 190 ml  
FP02 (Half size) Minimum volume of 60 ml

### Indications for use

- Treatment for Hemophilia A and von Willebrand's disease when cryoprecipitate is unavailable or not indicated.

### Dosage / Rate of Infusion Guideline

6-10 ml/kg body weight at a rate of 4-6 ml/minute over no longer than a 4 hour period. Infuse as quickly as the patient can tolerate.

### Preparation

- Check expiration date
- **DO NOT USE A MICROWAVE TO THAW THE UNIT!**
- Enclose unit in a zipper-style plastic bag and thaw in a water bath at 37°C or less for 30-40 minutes. Mix regularly to speed thawing.
- Inspect the unit for leaks or cracks
- Open one port and insert spike from filter set

### Precautions

- **WARNING** – overdose may cause circulatory overload.
- When unit reaches expiration date, it may be re-labeled as "Frozen Plasma" and stored for a further 1 year. Do not use past the new expiration date
- Do not re-freeze an unopened thawed unit. Unopened thawed unit may be re-labeled as "Frozen Plasma" and stored in the fridge for 35 days.
- Always use a filter set
- Discard any unused portion to biohazardous waste
- Never run or mix IV medications, colloids, Ringer's lactate with the plasma, even if they are in different limbs. These products are not compatible with blood products and will cause clotting. The IV line must be flushed with saline following the infusion of the blood product

### Reactions

- *Anaphylactic, anaphylactoid:* Characterized by urticaria, pruritis, erythema, edema, emesis, dyspnea, hypertension, bronchoconstriction, and severe shock. Can be mild or life threatening. Onset is rapid, occurring 1-45 minutes from the start of the transfusion.
- *Circulatory overload:* Characterized by cough, tachypnea, pulmonary edema, congestive heart failure, vomiting, and urticaria. Can be mild or life threatening and is most common in small animals. Patients with underlying cardiac disease are at most risk.