23.5.4 PLASMA TRANSFUSION

DESCRIPTION

Plasma transfusions may be needed in the following scenarios:

» Coagulopathy due to multiple factor deficiencies, e.g. disseminated intravascular coagulation (DIC), or large volume blood loss.
» Thrombotic thrombocytopaenic purpura
» Scoline apnoea

Where available, viscoelastic testing (e.g. thromboelastography/TEG) should complement or replace standard coagulation testing as this provides a more clinically relevant assessment of functional coagulation.

Consult a specialist for further advice as necessary.

Choice of plasma product
Fresh frozen plasma (FFP) and lyophilized or freeze-dried plasma (FDP) may be treated as clinically interchangeable products with respect to their coagulant effect.

Indications for plasma transfusion
» Prophylaxis: prior to invasive procedures/surgery if International Normalised Ratio (INR) >2.
» Empiric: Large volume blood transfusion (>4 units of packed cells required. See section 23.5.7: Massive transfusion protocol).
» Therapeutic: if patient is bleeding and has an INR >2.

MEDICINE TREATMENT

Plasma Transfusion
For prophylaxis or therapy:
- Freeze-dried plasma, IV, 15 mL/kg immediately.
  - Repeat dose if the patient's clinical response and/or the coagulation function testing results indicate continued need.

Empiric use in large volume blood transfusion:
- Freeze-dried plasma, IV, 1 unit immediately.
  - Should be given for every unit of red blood cells when it is anticipated that >4 units of red blood cells will be required.

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