Transfusion Guidelines

Fresh Frozen Plasma

|  |  |  |
| --- | --- | --- |
| Laboratory Result | Recommendation | Comments |
| INR >1.5  aPTT >1.5 times the top of the normal range (>52.5 seconds) | Transfuse in neurosurgical patients. |  |
| INR >2.0 | Transfuse in patients who will undergo invasive procedure. |  |
| Undefined | Transfuse in trauma patients who are receiving trauma-associated transfusion algorithm. | In massive transfusion a 2:1 ratio of RBCs to plasma products (i.e. platelets, frozen plasma, and cryoprecipitated AHF) is recommended. |

Each unit volume is approximately 250 cc, but varies.

Plasma should be administered in doses calculated to achieve plasma factor concentrations of at least 30%, which is the minimum hemostatic level for most coagulation factors. This is usually achieved with the administration of 10-20 mL/kg patient weight, though more may be required, depending upon the clinical situation.

Plasma transfusion should be guided by coagulation testing. When such testing is not readily available, clinical evidence of bleeding may be used to direct transfusion decisions.

The efficacy of plasma is questionable in many clinical settings, but in general, plasma transfusion is more effective at higher INR values.

Plasma should not be used for the following:

* Increasing blood volume or albumin concentration.
* Coagulopathy that can be corrected with administration of Vitamin K.
* Normalizing abnormal coagulation screen results in the absence of bleeding.