Saskatchewan Health Authority

CRYOPRECIPITATE/FIBRINOGEN CONCENTRATE DURING BLOOD/ BLOOD PRODUCT SHORTAGE

To be used by Regina, Southwest and Southeast Integrated Service Areas excluding the former rural Saskatoon Health Region

Patient Name: _____

Phone Number: _____

HSN/MRN: _____

Date of Birth (dd/mm/yyyy): _____

Gender: ☐ Male ☐ Female ☐ Unknown

Facility/Ward: _____

To be Completed by the Transfusion Service/Laboratory

Phase: ☐ Green ☐ Amber ☐ Red ☐ Recovery	**Blood Group:**	**# of Units/Products Requested:**
Date/Time Units/Products Needed:	**Fibrinogen Level (g/L):**	**Fibrinogen Collection Date/Time:**
Patient: ☐ Inpatient ☐ Outpatient	**Ordering Physician:**	
Patient Diagnosis/Indication for Cryoprecipitate/Fibrinogen Concentrate:		

Screening Parameters for **ADULT** Patients

Fibrinogen concentrate (FC) use should be considered instead of cryoprecipitate for the treatment of acquired or congenital hypofibrinogenemia due to its enhanced safety profile. Hospitals are encouraged to transition from cryoprecipitate to FC for the treatment of acquired hypofibrinogenemia. Order sets for FC may be found on the Factor Concentrates page on SaskBlood. Consultation with the Transfusion Medicine (TM) physician on call may be considered to discuss FC dosing.

If there is an order for a patient with life-threatening bleeding or a procedure that cannot be delayed with fibrinogen <1.5-2.0 g/L or unknown: Issue 4 g FC OR one adult dose of cryoprecipitate (8-10 units or 1 unit per 10 kg patient weight). Contact the TM physician on call.

NOTE: Follow local Massive Hemorrhage Protocol (MHP) procedure if activated.

INPATIENT TRIAGE PARAMETERS – SEE BELOW

Requests for transfusion of cryoprecipitate/FC will be screened by the TM physician on call in the following situations:

- Congenital coagulation factor deficiency (except factor XIII, as prescribed by a hematologist)
- Pregnant/post-partum patient AND fibrinogen >2.0 g/L
- Patient with disseminated intravascular coagulation (DIC) AND fibrinogen >1.5 g/L
- Patient with decompensated liver disease AND fibrinogen >1.5 g/L
- Patient with chronic liver disease AND fibrinogen >1.0 g/L.

OUTPATIENT TRIAGE PARAMETERS

- Please clear all outpatient requests for cryoprecipitate or FC with the TM physician on call.

Triage Documentation Completed by (Printed Name):	**Triage Documentation Completed by (Signature):**

****Phone TM physician on call via Switchboard to give details of request and impending call****

Call Clinical Area: "Because of COVID-19, Canada is current under a green/amber/red phase blood shortage advisory. Saskatchewan Laboratories have been tasked with screening all orders for blood/blood products for alignment with the Saskatchewan Transfusion Best Practice Recommendations. The request for cryoprecipitate/FC is outside of these recommendations. Unless delaying transfusion would be unsafe, please have Dr. (*ordering physician*) call the TM physician on call via Switchboard (306-766-4444) to discuss this cryoprecipitate/FC order."

Please fax a copy of this screening form to the Transfusion Services, Laboratory, Regina General Hospital at 306-766-4382.
Please retain the original with the patient's chart or in local laboratory.

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To be Completed by the TM Physician on Call	
Patient Name:	**Patient HSN:**
Ordering Physician:	**Physician Contact #:**

Suggested Questions

- Are you aware that Canada is currently in the green/amber/red phase of a blood shortage due to COVID-19?
- Are you aware of the Transfusion Best Practice Recommendations in Adult Patients that have been endorsed for Saskatchewan by the Provincial Transfusion Medicine Discipline Committee?
- Is there new literature that we can use to improve these recommendations? ☐ Yes ☐ No
  If yes, details: _____
- Is there a reason that the patient falls outside of these recommendations? ☐ Yes ☐ No
  If yes, details: _____

Decision to Administer: ☐ Yes ☐ No	**Date/Time:**	**# of Units/Products Transfused:**
Approved by (TM physician's signature):		**Date:**

Comments: _____

Outcome (Optional)		
Patient Outcome at 24 hrs:	**Date/Time:**	**Re-assessment Decision:**
Patient Outcome at Discharge:	**Date/Time:**	**Follow-up:**

Comments: _____