Saskatchewan Health Authority

PLASMA SCREENING 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 Requested:**
Date/Time Units Needed:	**INR:**	**INR Collection Date/Time:**	**Patient:** ☐ Inpatient ☐ Outpatient
Is the Patient on Anticoagulants?: ☐ Yes ☐ No ☐ Don't Know	**If yes, which one:**	**If yes, last time and date dose taken:**	
Ordering Physician:		**Patient Diagnosis/Indication for Plasma:**	

Screening Parameters for **ADULT** Patients

***Reversal of Warfarin therapy**: If available, Prothrombin Complex Concentrates (PCCs) and vitamin K (2-10 mg i.v.) should be used for urgent reversal of warfarin therapy or treatment of vitamin K deficiency in a bleeding patient or a patient requiring an emergency invasive procedure.
Non-emergent reversal of warfarin or vitamin K deficiency should use vitamin K rather than PCCs.

- If there is an order for a patient with ***life-threatening bleeding*** AND INR >1.7 or unknown: Issue 3-4 units (10-15 mL/kg) OR follow local Massive Hemorrhage Protocol (MHP) procedure. Contact the Transfusion Medicine (TM) physician on call.
- If there is an order for a patient with a major procedure that *cannot be delayed* AND INR >1.7 or unknown: Issue 3-4 units (10-15 mL/kg). Contact the TM physician on call.
- If there is an order for a patient with thrombotic thrombocytopenic purpura (TTP): Issue 3-4 units (10-15 mL/kg). Contact the TM physician on call.

INPATIENT TRIAGE PARAMETERS – SEE BELOW

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

- Asymptomatic elevated INR without bleeding
- Warfarin reversal * (refer to above box)
- Congenital coagulation factor deficiency
- Correction of INR for any planned procedure, where time allows a discussion of alternatives.

OUTPATIENT TRIAGE PARAMETERS

- Please clear all outpatient requests for plasma 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 plasma 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 plasma 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: _____