



**PLASMA SCREENING DURING  
BLOOD/BLOOD PRODUCT  
SHORTAGE**

*To be used by Saskatoon, Northwest & Northeast Integrated Service Areas; includes Humboldt (unique LIS connections to Saskatoon)*

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: <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/> Recovery		Blood Group:	# of Units Requested:
Date/Time Units Needed:	INR:	INR Collection Date/Time:	Patient: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient
Is the patient on Anticoagulants?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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**

**EMERGENCY RELEASE OF PLASMA**

- 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 Physician (TMP) 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 TMP 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 TMP on call.

(\* In cirrhosis, the INR – even as high as 8 – is not useful to predict bleeding; patients are often HYPERcoagulable. Contact the TMP on call for advice.)

**INPATIENT TRIAGE PARAMETERS**

All requests for transfusion of plasma in the following situations will be screened by the TMP on call:

- Asymptomatic (i.e., without bleeding) elevated INR or INR ≤ 1.7.
- Warfarin reversal or Vitamin K deficiency\*
- Congenital coagulation factor deficiency
- Correction of INR for any planned procedure, when time allows the use of alternatives.

**\*Reversal of Warfarin therapy:** Vitamin K (10 mg IV) and Prothrombin Complex Concentrates (PCCs)\*\* 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 alone, without PCCs.

(\*\*PCCs are contraindicated in Heparin-Induced Thrombocytopenic Purpura – HIT; plasma may be used in this rare situation. Call TMP on call for advice.)

**OUTPATIENT TRIAGE PARAMETERS**

- Please clear ALL outpatient requests for plasma with the TMP on call.

Triage Documentation Completed by (Printed Name):	Triage Documentation Completed by (Signature):
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**\*\*Phone TMP 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 TMP on call via RUH Switchboard (306-655-1000) to discuss this plasma order."

Please fax a copy of this screening form to the Transfusion Medicine Laboratory, Royal University Hospital, at 306-655-2222.

Please retain the original with the patient's chart or in local laboratory.



To be Completed by the TM Physician on Call		
Patient Name:	Patient HSN:	
Ordering Physician:	Physician Contact #:	
<b>Suggested Questions</b> <ul style="list-style-type: none"><li>• Are you aware that Canada is currently in the green/amber/red phase of a blood shortage due to COVID-19?</li><li>• Are you aware of the <a href="#">Transfusion Best Practice Recommendations in Adult Patients</a> that have been endorsed for Saskatchewan by the Provincial Transfusion Medicine Discipline Committee?</li><li>• Is there new literature that we can use to improve these recommendations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details: _____</li><li>• Is there a reason that the patient falls outside of these recommendations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details: _____</li></ul>		
Decision to Administer: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ _____ _____ _____ _____ _____ _____ _____		