



# Irish Blood Transfusion Service

## Seirbhís Fuilaidriúcháin na hÉireann

### Document Detail

**Type:** PMF IBTS SPEC  
**Document No.:** IBTS/PMF/SPEC/0221[3]  
**Title:** **FRESH FROZEN PLASMA SUITABLE FOR NEONATAL USE**  
**Owner:** QA DOC CON QA DOC CONTROL  
**Status:** CURRENT  
**Effective Date:** 18-Apr-2021  
**Expiration Date:** 04-Aug-2025

### Review

**Review:** IBTS PMF REVIEW

<u>Level</u>	<u>Owner Role</u>	<u>Actor</u>	<u>Sign-off By</u>
1	DOCUMENT CONTROLLER	REBECCA WALDEN	REBECCA WALDEN
2	QUALITY ASSURANCE WRITER IBTS	REBECCA WALDEN	REBECCA WALDEN
3	LABS PHS DIR IBTS	BARRY DOYLE	BARRY DOYLE
3	NATIONAL MEDICAL DIRECTOR	STEPHEN FIELD	STEPHEN FIELD
4	QUALITY ASSURANCE REVIEWER IBTS	COLIN JOHNS	COLIN JOHNS

**Review:** IBTS DOC PERIODIC REVIEW

<u>Level</u>	<u>Owner Role</u>	<u>Actor</u>	<u>Sign-off By</u>
1	DOCUMENT CONTROLLER	REBECCA WALDEN	REBECCA WALDEN
2	QUALITY ASSURANCE WRITER IBTS	REBECCA WALDEN	REBECCA WALDEN
3	NATIONAL MEDICAL DIRECTOR	TOR HERVIG	TOR HERVIG
3	COMPONENTS HEAD OF DEPT MRTS	AINE FITZPATRICK	AINE FITZPATRICK
3	LABS PHS DIR IBTS	BARRY DOYLE	BARRY DOYLE
3	SSCD HEAD OF DEPT IBTS	AILEEN FARRELLY	AILEEN FARRELLY
4	QUALITY ASSURANCE REVIEWER IBTS	COLIN JOHNS	COLIN JOHNS
4	DIRECTOR OF QUALITY	KAREN BYRNE	KAREN BYRNE

### Change Orders

Changes as described on Change Order: Change Order No.

### Change Orders - Incorporated

Changes as described on Change Order: Change Order No.  
IBTS/CO/0167/21

**IRISH BLOOD TRANSFUSION SERVICE**  
**PRODUCT MASTER FILE**

**TITLE: FRESH FROZEN PLASMA SUITABLE FOR NEONATAL USE**

**Change Description:**

Revise IBTS/PMF/SPEC/0203 – 0218, 0220, 0221, 0224, 0226, 0227, 0232, 0236 to update the product labels in the appendices for each product.

**Reason for Change:**

Fix to the labels as part of the semester patch reference CC 126/19/IBTS and reference IBTS/QA/IQ/0600 Deviation 008

**Change order No.:**

IBTS/CO/0167/21

**Referenced Documents**

BT – 0196

BT - 0605

**SmartSolve Roles**

N/A

**Training Type**

N/A

**SmartSolve Document Category**

Category	Mobile	Cryobiology	Website	GDP
Yes / No	No	No	Yes	No

## IRISH BLOOD TRANSFUSION SERVICE

### PRODUCT MASTER FILE

**Title:** Fresh Frozen Plasma Suitable For Neonatal Use

**Name of Product:** Fresh Frozen PLASMA Suitable For Neonatal Use

**E Progesa Codabar Component Code:** 18266

**E Progesa ISBT-128 Component Code:** C4048V00

**General Description:** Plasma obtained from a unit of whole blood, rapidly frozen to a temperature that will adequately maintain the activity of labile coagulation factors in a functional state. The majority of leucocytes are removed by filtration of the whole blood. The selected donors meet the additional criteria for neonatal use. Prepared from male donors only.

**General Specification:**

Parameter	Quality Requirement	Frequency of Control
Volume	220 - 300 ml	100 %
Factor VIIIc	> 0.7 IU/ml	10 per 3 months
Platelet Content	< 30 x 10 <sup>9</sup> /L	4 per month
Leucocyte Content	< 1 x 10 <sup>6</sup> /unit	4 per month
Red cell presence	Absent when examined macroscopically	100%
Total Protein	≥50g/l	10 per 3 months
ABO Agglutinins	No HighTitre Anti-A or Anti-B	100%
CMV	CMV ab negative	100%

**Labelling:** See Appendices I, II and III

- Storage:** Fresh Frozen Plasma Suitable For Neonatal Use should be stored at a core temperature of  $\leq -25^{\circ}\text{C}$  for a maximum of 12 months. Once thawed, Fresh Frozen Plasma Suitable For Neonatal Use must not be refrozen and should be used immediately. If delay is unavoidable, the component should be stored at ambient temperature and used within 6 hours.
- Thawing:** Thaw by placing in a  $37^{\circ}\text{C}$  controlled dedicated water bath in the plastic overwrap or by removing the overwrap and placing in a validated microwave plasma defroster.
- Transportation:** The air temperature of the transport container for units of Fresh Frozen Plasma Suitable For Neonatal Use should be maintained  $\leq -25^{\circ}\text{C}$  during transportation from the Irish Blood Transfusion Service to the place where they are intended for use. Unless Fresh Frozen Plasma Suitable For Neonatal Use is to be thawed for immediate therapeutic use, it should be transferred immediately to storage at the recommended temperature,  $\leq -25^{\circ}\text{C}$ .
- Indications for Use:** Fresh Frozen Plasma Suitable For Neonatal Use may be used in coagulation disorders, particularly in those clinical situations in which a multiple coagulation deficit exists.
- Fresh Frozen Plasma Suitable For Neonatal Use should not be used simply to correct a volume deficit in the absence of a coagulation deficit nor as a source of immunoglobulins.
- Precautions In Use:**
- Fresh Frozen Plasma Suitable For Neonatal Use should not be used in a patient with intolerance to plasma proteins.
  - Blood group compatible Fresh Frozen Plasma should be used and where possible, women of child bearing age and younger should receive Rh D compatible plasma.
  - Before use the component should be thawed in the vacuum pack in a properly controlled environment and the integrity of the pack should be verified to exclude any defects or leakages (see Appendices 1 and 11.). No insoluble cryoprecipitate should be visible on completion of the thaw procedure.
  - Fresh Frozen Plasma Suitable For Neonatal Use should be infused intravenously through a set containing an inline 170-200  $\mu\text{m}$  filter.
  - No solution should be added to the bag or giving set.
  - Fresh Frozen Plasma should not be used where a suitable viral inactivated alternative product is available.

**Adverse Effects Include:**

- Circulatory overload
- Haemolytic transfusion reaction due to transfusion of ABO-incompatible plasma in the component.
- Non-haemolytic transfusion reaction (mainly chills, fever and urticaria). The risk is reduced by leucodepletion.
- Anaphylaxis
- Pathogen transmission
  - Despite careful donor selection and laboratory screening procedures, infections including Syphilis, Viral Hepatitis, HIV, HTLV 1 & 11 and other viruses and protozoa (e.g. malaria) may, in rare instances, occur.
  - vCJD transmission
  - Transmission of other pathogens that are not tested for or recognised.
  - The risk of CMV transmission is minimal as the components are leucodepleted
  - Sepsis due to bacterial contamination (reduced but not eliminated by bacterial screening)
- Metabolic upset
  - Citrate toxicity, especially in neonates and in patients with impaired hepatic function.
- Immunological effects
  - Alloimmunisation to HLA and HPA antigens
  - Post Transfusion purpura (PTP), especially in parous female recipients
  - The risk of Graft vs Host Disease (GvHD) in immunocompromised recipients is eliminated by irradiation
  - Transfusion related Acute Lung injury (TRALI) by donor HLA/granulocyte antibodies

**Serious Adverse Reaction**

Please inform the IBTS immediately about any event relating to suspected bacterial sepsis/transfusion associated bacterial sepsis

Serious adverse reactions should be reported to:

**National Haemovigilance Office**  
Irish Blood Transfusion Service  
National Blood Centre  
James's Street  
Dublin 8

AND

**Quality Assurance Manager**  
Irish Blood Transfusion Service

AT EITHER

National Blood Centre  
James's Street  
Dublin 8

OR

Munster Regional Transfusion Centre  
St Finbarr's Hospital  
Douglas Road, Cork

Verify when in Use. Status CURRENT Effective 18 April 2021

## APPENDIX I

**E Progesa Codabar Component Code :** 18266

**E Progesa ISBT -128 Component Code:** C4048V00

**Product Name**

Fresh Frozen PLASMA  
Suitable for Neonatal Use

**Shelf Life**

365 days

**Labelling and Barcode:**

(for illustration purposes only – barcodes not suitable for scanning – label not to scale)

Fresh Frozen PLASMA  
Suitable for Neonatal Use

Store Frozen at  $\leq -25\text{ }^{\circ}\text{C}$



Drawn 29 Mar 2021



This component must not be used if there are visible signs of deterioration. This component may transmit infection. Use within 6 hours of thawing

TIME THAWED:            DATE:



IBTS ver 2.0

AB

**Rh D Negative**

CMV Antibody Negative

300  
ml



Expiry 29 Mar 2022 23:59



18266



Expiry 29/03/2022



AB Neg

## APPENDIX II

BT - 0196



# Irish Blood Transfusion Service

Seirbhís Fuilaeistriúcháin na hÉireann

## FRESH FROZEN PLASMA

**National Blood Centre,**

James's St,  
Dublin 8  
Tel. (01) 4322800

**Munster Regional  
Transfusion Centre**

St. Finbarr's Hospital  
Cork  
Tel. (021) 4807400

**Storage:** Store the frozen plasma in this container  
at  $\leq -25^{\circ}\text{C}$ .

**Thawing:** Place the component within its plastic overwrap in a  
 $37^{\circ}\text{C}$  temperature controlled dedicated water bath or remove the  
overwrap and place in a validated microwave plasma defroster  
until thawed.

**IMPORTANT: ONCE THAWED, FROZEN PLASMA  
SHOULD BE INFUSED WITHOUT DELAY BUT  
NOT LATER THAN SIX HOURS AFTER THAWING.  
THE THAWED PLASMA SHOULD BE HELD AT  
AMBIENT TEMPERATURE.**

**UNDER NO CIRCUMSTANCES MAY  
THAWED PLASMA BE REFROZEN**

**Warning:** Plasma must not be used if there are visible signs of  
deterioration. This component may transmit infection.

August 2015



## APPENDIX III

BT – 0605



# Irish Blood Transfusion Service

Seirbhís Fuilaeistriúcháin na hÉireann

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Dublin 8  
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**Munster Regional  
Transfusion Centre**  
St. Finbarr's Hospital  
Cork  
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August 2015