



Expert Guide

Step by step guide to the administration of New World Camelid plasma

As the UK's trusted pet blood banking charity, we provide quick access to high quality products as well as expert advice and guidance when you need it most.

We hope this guide is useful.
If you have any further queries, please contact our team.



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Equipment

- Unit of Fresh Frozen Plasma (FFP) removed from frozen storage
- Zip lock bag
- Clean bowl/tray to act as a water bath to defrost/warm the product
- Thermometer
- Blood administration set
- Drip stand or somewhere to hang the unit during preparation and administration
- Examination gloves
- Recipient prepared with central or peripheral IV access. The catheter should have been flushed with normal 0.9% saline and capped with a sterile bung
- Alcohol wipes

Defrosting

Step 1

Before administration, the selected plasma unit will need to be defrosted. The plasma unit can either be defrosted at room temperature or placed in a warm water bath at body temperature. A 170ml unit of plasma will take approximately 2hr 15 minutes to defrost at room temperature (21°C) or 8 minutes in a warm water (37°C) bath.

A water bath can be used to warm a defrosted unit before administration. Ensure that the water temperature is monitored and does not exceed 37°C using a thermometer or use a commercial water bath. The unit must be protected in a plastic zip lock bag whilst in the water to prevent contamination of the administration ports.



Step 1

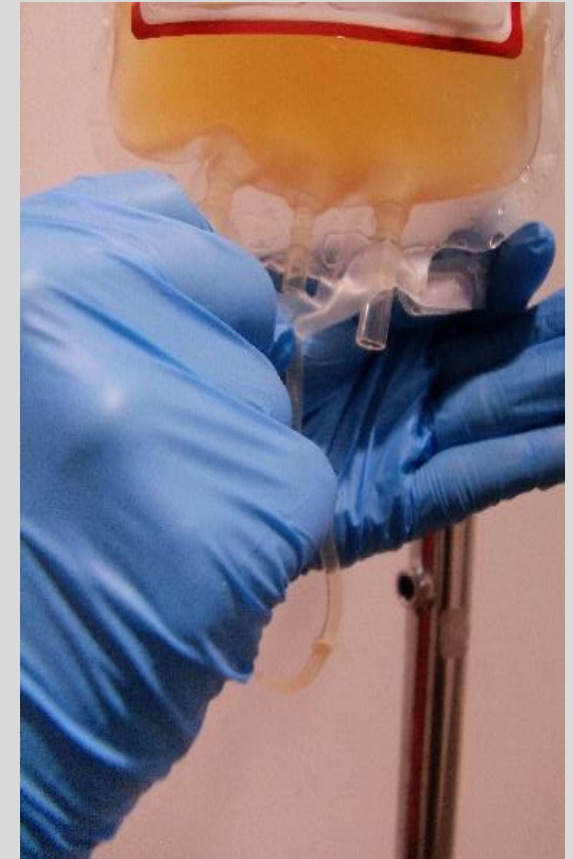
Preparation

Steps 2 and 3

Once warmed, the plasma unit should be removed from the plastic zip lock bag and hung on a drip stand or equivalent. Wearing gloves, access one of the administration ports on the plasma unit by tearing the protective cover using aseptic technique.



Step 2



Step 3

Preparation

Step 4

Remove a blood administration set from its outer packaging and prepare for use by closing off the in-line C clamp (where present) and the drip wheel.

Note: A standard blood administration set will usually administer 20 drops/ml



Step 4

Steps 5 and 6

The insertion spike is unsheathed in an aseptic manner and pushed into the plasma unit via the revealed administration port ensuring it is fully inserted to reach the plasma.



Step 5

The plasma unit is now breached and must be discarded after 4 hours.



Step 6

Preparation

Step 8

Fill the drip chamber to approximately half to two thirds taking care not to damage the chamber filter. Ensure the fill level is above the filter but not so full that the drip rate cannot be observed. Open any clamps on the line.



Step 8

Step 9

Slowly release the drip wheel to prime the entire length of the administration line to the very end. Do not remove the cover.



Step 9

Step 10

Always keep the blood administration set off the floor. Once primed and with no air bubbles present in the administration line, the plasma unit is ready to attach.



Step 10

Attaching the unit

Step 11

Disinfect the intravenous catheter port with an alcohol wipe. Flush the intravenous catheter with a good volume of 0.9% saline to confirm placement.

Disinfect the catheter port again and remove the cap from the end of the administration set and aseptically attach to the intravenous catheter port.

The plasma is now ready to transfuse.



Step 11

Transfusion information

Dose rates

The standard recommended dose range for initial treatment of immunoglobulin deficiency is 15-30ml/kg (average 20ml/kg).

Every patient should be monitored as to their individual response to this dose.

Dosage may need to be more or less depending on the recipient.

Cria should continue to be treated until the clinical signs have resolved appropriately.

Please note

Most Cria weigh in the region of 7-10Kg so this equates to a dose of 140-200ml of plasma.

New World Camelid plasma is supplied by Pet Blood Bank as standard units of around 150ml (although there is slight variation as it depends on the donor animal's PCV) – please see the provided product data sheet.

Transfusion rates

The calculated dose should be given within 4 hours to normovolaemic patients.

Transfusion should be started slowly (1-2ml/kg/hr for the first 15 minutes) and the patient monitored for any signs of reaction. Standard suggested practical dose rates after the initial close monitoring period is over is 20ml/kg/hr. Hypovolaemic patients may tolerate or require transfusion more rapidly.

**Thank you for using this guide.
We hope you found it useful.**

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- Blood deliveries around the clock
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- Advice on cross matching and selecting blood products
- Administrative equipment

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