

**TABLE OF BLOOD PRODUCTS**  
**Red Blood Cells**

Documentation: Product name, donor number(s), and response

Product Description	Indications	Approx. Vol	Administration	Patient Monitor	Storage
<p><b>A. RED BLOOD CELLS (RBC, PACKED CELLS, PRBC)</b></p> <ul style="list-style-type: none"> <li>Red Cells left from one unit of whole blood after most of plasma was removed.</li> <li>Some non-viable platelets and WBCs.</li> <li>Dependent on anticoagulant, RBC unit is comprised of approx: 70% RBC and 30% plasma in 200-250 ml or 55% RBC and 45% anticoagulant additive solution in 300-400 ml.</li> <li>Outdate, dependent on anticoagulant: 21, 35, or 42 days.</li> <li>All except a few directed donor units are leukocyte-reduced at the donor center</li> </ul>	<ul style="list-style-type: none"> <li>Symptomatic anemia</li> <li>Increasing oxygen carrying capacity of blood.</li> </ul>	<ul style="list-style-type: none"> <li>200-350 ml/unit</li> <li>CPDA = 300 ml</li> <li>AS = 350 ml</li> <li><u>PEDS</u> &lt; 50 cc pre filtered syringe</li> </ul>	<ul style="list-style-type: none"> <li>Usual transfusion time: 1-2 hours.</li> <li>Maximum transfusion time: 4 hours.</li> <li>Blood administration set with filter and if a priming solution is needed it must be isotonic saline (0.9% sodium chloride).</li> <li>Only one unit will be issued at a time unless the patient has 2 IV lines in place or the patient care unit has a Blood Bank monitored refrigerator.</li> <li><u>Peds</u> - if pre filtered, can use syringe pump. Do not need to filter again.</li> </ul>	<ul style="list-style-type: none"> <li>T.P.R. and BP prior to transfusing.</li> <li>Stay with patient for the first 15 min. of infusion.</li> <li>Give no more than 25 ml in 1st 15 min.</li> <li>Take VS at 15 min. X 2, then every hour for the duration of the transfusion and 1 hour post transfusion.</li> <li>For Peds: Proportionally smaller volume.</li> </ul>	<ul style="list-style-type: none"> <li>1-6 C</li> <li>Cannot be stored at room temp. or in non-Blood Bank monitored refrigerator. DO NOT refrigerate in medication or nourishment refrigerator.</li> </ul>
<p><b>B. PARTIAL UNITS OF RED BLOOD CELLS SYRINGE.</b></p> <ul style="list-style-type: none"> <li>Blood Bank must be notified in advance.</li> <li>Syringe outdate: 4 hrs. from preparation.</li> </ul>	<ul style="list-style-type: none"> <li>In addition to indications for Red Blood Cells:</li> <li>When only small amount of red blood cell is needed.</li> <li>Pts. with CHF requiring an extended transfusion time per unit.</li> </ul>	<ul style="list-style-type: none"> <li>Variable</li> <li>Ordered by volume</li> <li>Marked on bag/syringe</li> <li>Max of 50 ml in syringe.</li> </ul>	<ul style="list-style-type: none"> <li>See Red Blood Cells</li> </ul>	<ul style="list-style-type: none"> <li>See Red Blood Cells</li> </ul>	<ul style="list-style-type: none"> <li>See Red Blood Cells</li> </ul>
<p><b>C. RED BLOOD CELLS: DEGLYCEROLIZED (FROZEN) OR WASHED RBC WASHED).</b></p> <ul style="list-style-type: none"> <li>One unit contains the formerly frozen, thawed and deglycero-lized Red Cells from one unit whole blood.</li> <li>Units marked "washed" have not been frozen.</li> <li>Outdate: 24 hrs. after prep.</li> </ul>	<ul style="list-style-type: none"> <li><u>Deglycerolized</u> - - Provide rare unit of blood. - Provide autologous units</li> <li><u>Washed Cells</u> - - severe allergic transfusion reactions caused by plasma proteins.</li> </ul>	<ul style="list-style-type: none"> <li>200 ml/unit (marked on bag)</li> </ul>	<ul style="list-style-type: none"> <li>See Red Blood Cells</li> </ul>	<ul style="list-style-type: none"> <li>See Red Blood Cells</li> </ul>	<ul style="list-style-type: none"> <li>See Red Blood Cells</li> </ul>
<p><b>D. RED BLOOD CELLS TRANSFUSED USING SPECIAL FILTERS.</b></p> <ul style="list-style-type: none"> <li>Red Cells, some plasma, &lt; 5 x 10<sup>6</sup> WBCs.</li> <li>See RBC for outdate <i>unless</i> the unit was entered then outdate: 24 hours.</li> <li>Used when</li> </ul>	<ul style="list-style-type: none"> <li>Prevent febrile reactions from leukoagglutinins (WBCs).</li> <li>Reduce risk of CMV transmission.</li> </ul>	<ul style="list-style-type: none"> <li>200 - 350 ml/unit</li> </ul>	<ul style="list-style-type: none"> <li>See Red Blood Cells.</li> <li>Use a leukocyte reduction filter. Refer to filter instructions for priming.</li> </ul>	<ul style="list-style-type: none"> <li>See Red Blood Cells</li> </ul>	<ul style="list-style-type: none"> <li>See Red Blood Cells</li> </ul>

**Red Blood Cells (continued)**

Product Description	Indications	Approx. Vol	Administration	Patient Monitor	Storage
<b>E. RED BLOOD CELLS LEUKOCYTES REDUCED RED CELLS</b> <ul style="list-style-type: none"> <li>• &lt;math&gt;5 \times 10^6&lt;/math&gt; WBC, See RBC outdate</li> </ul>	<ul style="list-style-type: none"> <li>• Prevent febrile reactions from leuko agglutinins (WBCs).</li> <li>• Reduce risk of CMV transmission.</li> </ul>	<ul style="list-style-type: none"> <li>• 200 - 350 ml/unit</li> </ul>	<ul style="list-style-type: none"> <li>• Blood Center filtered unit to remove WBC before storage. Use a standard blood filter to administer.</li> </ul>	<ul style="list-style-type: none"> <li>• See Red Blood Cells</li> </ul>	<ul style="list-style-type: none"> <li>• See Red Blood Cells</li> </ul>
<b>F. AUTOLOGOUS BLOOD (AUTO UNIT)</b> <ul style="list-style-type: none"> <li>• Blood from a patient removed for subsequent re-infusion to that same patient.</li> <li>• Stored as Whole Blood or Red Blood Cells and Plasma.</li> <li>• See RBC and Plasma for outdate.</li> </ul>	<ul style="list-style-type: none"> <li>• Elective or semi-elective surgical procedure with a predictable blood loss.</li> <li>• This eliminates the risk of transmission of infectious disease.</li> <li>• Avoids antigen sensitization.</li> <li>• Conserves blood resources.</li> <li>• Compatible blood for the patient with "rare" blood.</li> </ul>	<ul style="list-style-type: none"> <li>• See Whole Blood, Red Cells, and Plasma.</li> </ul>	<ul style="list-style-type: none"> <li>• See Red Blood Cells and Plasma.</li> </ul>	<ul style="list-style-type: none"> <li>• See Red Blood Cells and Plasma.</li> </ul>	<ul style="list-style-type: none"> <li>• See Red Blood Cells and Plasma.</li> </ul>

**Leukocyte Products**

Product Description	Indications	Approx. Vol	Administration	Patient Monitor	Storage
<b>A. GRANULOCYTE CONCENTRATE (GRANULOCYTES APHERESIS)</b> <ul style="list-style-type: none"> <li>• <math>1 \times 10^{10}</math> granulocytes obtained from a normal donor by automated leukapheresis.</li> <li>• May also contain the equivalent of 1/2 unit of Single Donor Platelets if labeled Granulocyte/Platelets.</li> <li>• Required Blood Bank House Officer approval.</li> <li>• Outdate: 24 hours.</li> </ul>	<ul style="list-style-type: none"> <li>• Leukopenia with a granulocyte count of less than <math>500/\text{mm}^3</math> associated with significant fever related to infection and unresponsive to IV antibiotics of at least 48 hours duration.</li> </ul>	<ul style="list-style-type: none"> <li>• 250-350 ml/unit (marked on bag).</li> </ul>	<ul style="list-style-type: none"> <li>• Infuse over a 4 hour period.</li> <li>• In addition to Red Blood Cell administration instructions:</li> <li>• Begin transfusion as soon as possible after collection.</li> <li>• Premedication should include: <ul style="list-style-type: none"> <li>• Benadryl (diphenhydramine hydrochloride) adult dose 50 mg slow IV.</li> <li>• Hydrocortisone IV (adult 1.5 mg/kg).</li> <li>• Tylenol gr x p.o.</li> <li>• Demerol if patient has history of shaking chills.</li> </ul> </li> <li>• <u>Peds</u> <ul style="list-style-type: none"> <li>• Benadryl 1-2 mg/kg IV slowly</li> <li>• Tylenol -10-20mg/kg/dose</li> <li>• Hydrocortisone</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• T.P.R. and BP prior to transfusion and every 15" throughout transfusion. Post transfusion: q 30" x 4 than q 4" x 24".</li> <li>• The patient's condition may mandate more frequent monitoring of vital signs and temperature.</li> <li>• Watch patient closely as adverse reactions are common.</li> </ul> <p>If the patient develops shaking chills (rigors) during the transfusion of the WBCs, administer 50 mg Demerol (meperidine hydrochloride) IV (repeat once, if necessary at 15-30 minutes for total dose of 100 mg) per MD order.</p>	<ul style="list-style-type: none"> <li>• Keep at room temperature.</li> <li>• White Blood Cells are extremely labile so use as soon as possible.</li> </ul>

**Platelet Products**

Product Description	Indications	Approx. Vol	Administration	Patient Monitor	Storage
<p><b>A. PLATELETS RANDOM DONOR</b></p> <ul style="list-style-type: none"> <li>One unit platelets removed from one unit of fresh whole blood.</li> <li>Suspended in plasma.</li> <li>Few nonviable WBCs.</li> <li>Requires Blood Bank approval.</li> <li>Outdate: 5 days.</li> </ul>	<ul style="list-style-type: none"> <li>Thrombocytopenia (usually with some bleeding).</li> <li>Qualitative platelet defects.</li> </ul>	<ul style="list-style-type: none"> <li>30-50 ml/unit</li> <li>Usual adult dose is 5 units.</li> </ul>	<ul style="list-style-type: none"> <li>Rapid infusion for maximum benefit (5 units in 15-30 minutes).</li> <li>Blood administration set with standard filter and isotonic saline (0.9% sodium chloride), or special platelet administration sets.</li> <li>May rinse platelet residue adherent to the bag wall with isotonic saline but not mandatory to rinse.</li> </ul>	<ul style="list-style-type: none"> <li>T.P.R. and BP prior to transfusion and at end of transfusions.</li> <li>Observe for transfusion reactions: primarily febrile and allergic.</li> <li>Each unit of random platelets will raise the platelet count of an adult approx. 5,000-10,000/mm under optimal conditions.</li> <li>Clinical response to platelet infusion is diminished by fever, hypersplenism, infection and antibodies.</li> </ul>	<ul style="list-style-type: none"> <li>Room temperature</li> <li>Do not store in patient units or in OR.</li> <li>DO NOT refrigerate.</li> <li>Must be stored under special Blood Bank controlled conditions.</li> </ul>
<p><b>B. POOLED PLATELETS (POOLED PLTS)</b></p> <p>Several units (2-5) of Random donor Platelets that have been pooled into one bag. In rare instances some of the plasma may be removed by the Blood Bank to reduce circulatory volume overload in transplant patients with vaso-occlusive disease.</p> <ul style="list-style-type: none"> <li>Single units are available in syringes for pediatric patients.</li> <li>Requires Blood Bank approval.</li> <li>Outdate: 4 hours after pooling.</li> </ul>	<ul style="list-style-type: none"> <li>Thrombocytopenia (usually with some bleeding).</li> <li>Qualitative platelet defects.</li> <li>Volume reduced platelets are indicated only for patients who cannot tolerate the added fluid or for whom platelets in compatible plasma are not available.</li> </ul>	<ul style="list-style-type: none"> <li>Varies 50-300ml (marked on bag).</li> </ul>	<ul style="list-style-type: none"> <li>If volume reduced, rinse the bag with 20ml of normal (isotonic) saline.</li> <li>See Platelets.</li> <li>Note: This products outdates 4 hours after preparation rapidly infuse as soon as possible.</li> </ul>	<ul style="list-style-type: none"> <li>See Platelets.</li> </ul>	<ul style="list-style-type: none"> <li>Outdates 4 hours after pooling.</li> <li>DO NOT refrigerate.</li> <li>See Platelets.</li> </ul>
<p><b>SINGLE DONOR PLATELETS (SD PLT, PLATELET PHERESIS)</b></p> <ul style="list-style-type: none"> <li>Contains the number of platelets equivalent to those contained in 6-8 units of Platelets concentrates.</li> <li>Suspended in plasma and variable amounts of RBCs.</li> <li>Some nonviable WBCx.</li> <li>Obtained by automated platelet apheresis.</li> <li>Requires Blood Bank House Officer approval.</li> <li>Outdate: 24 hours and five days depending on the collection system.</li> </ul>	<ul style="list-style-type: none"> <li>Thrombocytopenia in patients refractory to Random Donor Platelets and when long-term therapy is indicated.</li> <li>Candidates for bone marrow transplantation should not receive SD PLT from relatives.</li> </ul>	<ul style="list-style-type: none"> <li>Usually 250-350 ml unit (marked on bag).</li> </ul>	<ul style="list-style-type: none"> <li>See Platelets.</li> <li>See Red Blood Cells if unit appears red.</li> </ul>	<ul style="list-style-type: none"> <li>See Platelets.</li> </ul>	<ul style="list-style-type: none"> <li>See Platelets.</li> </ul>

**Plasma Products**

Product Description	Indications	Approx. Vol	Administration	Patient Monitor	Storage
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<p><b>A. PLASMA, LIQUID (SDP, PLASMA)</b></p> <ul style="list-style-type: none"> <li>• Plasma removed from a single unit of whole blood.</li> <li>• Has stable coagulation factors. 150 mg fibrinogen</li> <li>• Low levels of coagulation factors (Factors V &amp; VIII).</li> <li>• Outdate: variable depends on anticoagulant.</li> </ul>	<ul style="list-style-type: none"> <li>• Stable coagulation factors deficiencies (e.g. Hemophilia B.)</li> </ul>	<ul style="list-style-type: none"> <li>• 200-300 ml/unit (marked on bag).</li> </ul>	<ul style="list-style-type: none"> <li>• Plasma may be administered as quickly as desired dependent on the patient's tolerance to fluid volume ( 1C ml/min.).</li> <li>• Maximum transfusion time: 4 hours.</li> <li>• Blood administration set with filter and isotonic saline (0.9% sodium chloride).</li> <li>• <u>In Peds</u> - saline set-up optional.</li> </ul> <p>Only one unit will be issued at a time unless the patient has 2 IV lines in place or the patient care unit has a Blood Bank monitored refrigerator.</p>	<ul style="list-style-type: none"> <li>• Watch especially for allergic reaction and fluid intolerance.</li> </ul>	<ul style="list-style-type: none"> <li>• 1-6 C</li> <li>• Cannot be stored at room temperature or in medication or nourishment refrigerator.</li> </ul>
<p><b>B. PLASMA, FRESH FROZEN, (FFP, FRESH FROZEN PLASMA FFJ)</b></p> <ul style="list-style-type: none"> <li>• Plasma removed from a single unit of whole blood.</li> <li>• Frozen within 6 hours of collection.</li> <li>• Higher activity levels of Factors V and VIII (labile coagulation factors).</li> <li>• Contains Fibrinogen (Factor I) 150 mg.</li> <li>• No platelets.</li> <li>• Not pooled.</li> <li>• Outdate: 24 hours after thawing.</li> </ul>	<ul style="list-style-type: none"> <li>• Documented labile clotting factor deficiencies (Factors V&amp; VIII).</li> <li>• Massive transfusion with stored blood.</li> <li>• Severe liver disease (limited synthesis of plasma coagulation factors).</li> </ul>	<ul style="list-style-type: none"> <li>• 200-400 ml/unit (marked on bag).</li> </ul>	<ul style="list-style-type: none"> <li>• Must be transfused within 24 hours of time it is thawed (to achieve the maximum clinical effect from its labile clotting factors).</li> </ul>	<ul style="list-style-type: none"> <li>• See Plasma, Liquid.</li> </ul>	<ul style="list-style-type: none"> <li>• See Plasma, Liquid.</li> </ul>
<p><b>C. CRYOPRECIPITATED ANTI-HEMOPHILIC FACTOR (CYRO, CRYOPRECIPITATE, AHF)</b></p> <ul style="list-style-type: none"> <li>• Cryo-precipitated protein from fresh plasma separated from unit whole blood.</li> <li>• Pooled just prior to issue.</li> </ul>	<ul style="list-style-type: none"> <li>• Hemophilia A.</li> <li>• Von Willebrands.</li> <li>• Fibrinogen deficiency demonstrated by Factor VIII assay.</li> <li>• commonly used dose in pediatrics 20 mg/kg*.</li> </ul> <p>*Clinical Practice of Transfusion Medicine 1996.</p>	<ul style="list-style-type: none"> <li>• 10-15 ml/unit</li> <li>• usual adult dose: 10 units.</li> <li>• product is pooled to assist in administration.</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid infusion for maximum benefit. Blood administration set with filter and isotonic saline (0.9% sodium chloride).</li> </ul>		<ul style="list-style-type: none"> <li>• Room temperature</li> <li>• DO NOT refrigerate</li> </ul>

**Plasma Products (continued)**

Product Description	Indications	Approx. Vol	Administration	Patient Monitor	Storage
<p><b>C. CRYOPRECIPITATED ANTI-HEMOPHILIC FACTOR (CYRO, CRYOPRECIPITATE, AHF) continued</b></p> <ul style="list-style-type: none"> <li>• Coagulation Factors I (Fibrinogen) and VIII.</li> <li>• Each bag contains: 100U of Factor VIII (AHF) activity and 170 mg of Fibrinogen.</li> <li>• Requires Blood Bank House Officer approval.</li> <li>• Outdate: 6 hours after thawing and 4 hours after pooling.</li> </ul> <ul style="list-style-type: none"> <li>• As a source of fibrin for surgical glue</li> </ul>	<p>Control bleeding of the operative site</p>	<p>Issued as 2-3 units unpooled</p>	<ul style="list-style-type: none"> <li>• <u>In Peds</u> - saline set-up optional.</li> <li>• Infant dosing - 10cc/kg.</li> <li>• Tightly roll the bag around a cylindrical object such as a test tube or pen to insure maximum infusion of the product.</li> <li>• At the end of the infusion, 20-30 ml of isotonic saline should be fed into the cryoprecipitate bag to rinse adherent product from the bag walls.</li> </ul> <p>Combined with Thrombin to form a fibrin gel</p>		<ul style="list-style-type: none"> <li>• Room Temperature</li>   <li>• Room temperature</li> </ul>

**Commercially Manufactured Products**

Product Description	Indications	Approx. Vol	Administration	Patient Monitor	Storage
<p><b>A. ALBUMIN</b></p> <ul style="list-style-type: none"> <li>Ordered according to gm%.</li> <li>Available from Pharmacy.</li> <li>3-5 yrs (shelf life).</li> </ul> <p><b>B. RH IMMUNE GLOBULIN (RHOGAM<sup>®</sup>)</b></p> <ul style="list-style-type: none"> <li>Concentrated solution of gamma globulin with anti - Rh<sub>0</sub> (D) activity.</li> </ul>	<ul style="list-style-type: none"> <li>Blood volume expansion.</li> <li>Replacement of protein.</li> </ul> <ul style="list-style-type: none"> <li>To prevent formation of anti-D in Rh negative persons who have received Rh positive red blood cells because of: transfusion of platelets or RBC.</li> <li>Pregnancy               <ol style="list-style-type: none"> <li>who have delivered an Rh<sub>0</sub> (D) positive infant, or:</li> <li>Infant whose Rh type is unknown or cannot be determined.</li> <li>300 micrograms of Rh globulin given to antepartum patients, - all Rh negative nonsensitize of patients having:                   <ol style="list-style-type: none"> <li>genetic amniocentesis</li> <li>diagnostic amniocentesis</li> <li>at 28 weeks of pregnancy</li> <li>with vaginal bleeding</li> </ol> </li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>50-250 ml.</li> </ul> <ul style="list-style-type: none"> <li>300 microgram dose in safety needle syringes.</li> </ul>	<ul style="list-style-type: none"> <li>See package insert, formulary, or PDR.</li> </ul> <ul style="list-style-type: none"> <li>Given I.M. within 72 hrs following delivery or invasive procedure or vaginal bleeding or pt receiving Rh positive components.</li> </ul>	<ul style="list-style-type: none"> <li>No hepatitis risk.</li> </ul>	<ul style="list-style-type: none"> <li>Room temperature.</li> <li>Refrigerate.</li> </ul>
<p><b>C. WinRho<sup>®</sup></b></p>	<p>Treatment of ITP</p>	<p>Reconstituted to 2.5 mL of 0.9% Sodium Chloride, Injection. Swirl, do not shake, to dissolve.</p>	<p>Given IV for the treatment of ITP. May be give IM for the prevention of Rh prophylaxis.</p>	<ul style="list-style-type: none"> <li>See product circular.</li> </ul>	<ul style="list-style-type: none"> <li>Use immediately after reconstitution.</li> </ul>
<p><b>C. IMMUNE SERUM GLOBULIN (GAMMA GLOBULIN) IM</b></p>	<ul style="list-style-type: none"> <li>Disease prophylaxis.</li> </ul>	<ul style="list-style-type: none"> <li>Dosage varies with person's weight.</li> </ul>	<ul style="list-style-type: none"> <li>See product circular.</li> <li>I.M.</li> </ul>	<ul style="list-style-type: none"> <li>See product circular.</li> </ul>	
<p><b>D. IMMUNE GLOBULIN INTRAVENOUS IV (IV GAMMA GLOBULIN, GAMIMUNE, SANDOGLOBULIN)</b></p> <ul style="list-style-type: none"> <li>Available from Pharmacy 50-100 ml single dose vials.</li> <li>Have an anaphylactic kit available.</li> </ul>	<ul style="list-style-type: none"> <li>Maintenance treatment of patients unable to produce sufficient amount of IgG antibodies.</li> <li>May be preferred to that of intramuscular immunoglobulin preparation especially in patients with small muscle mass or with bleeding tendencies in whom I.M. injections are contraindicated.</li> <li>Congenital agamaglobulinemia immunodeficiency, etc. CONTRAINDICATED in individuals who have had anaphylactic or severe systemic response to Immune Serum Globulin (Human) or have IgA deficiency.</li> </ul>	<ul style="list-style-type: none"> <li>Usual dose: 100 mg/kg of body weight.</li> </ul>	<ul style="list-style-type: none"> <li>Administration varies with preparation and manufacturer. See product circular.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor for signs and symptoms of anaphylactic reactions.</li> <li>Mild back pain, nausea, flushing have been reported.</li> <li>If side effects occur, decrease the rate or stop the infusion.</li> <li>Temperature, BP, P, Resp. baseline and 15 min., then q 15 min. after each rate increase and then q 30 min. during infusion and 30 min. after infusion discontinued.</li> </ul>	

**Commercially Manufactured Products  
Factor VIII Products**

Product Description	Indications	Approx. Vol	Administration	Patient Monitor	Storage
<p><b>A. RECOMBINANT FACTOR VIII PRODUCTS</b></p> <ul style="list-style-type: none"> <li>• Genetically engineered or cloned F VIII which is not derived from animal or human plasma.</li> <li>• Available from Pharmacy.</li> <li>• See package insert, formulary or PDR.</li> <li>• Outdate on bottle.</li> </ul>	<ul style="list-style-type: none"> <li>• Hemophilia A or factor VIII deficiencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Varies with manufacturer or lot number.</li> </ul>	<ul style="list-style-type: none"> <li>• Administer within 3 hours of reconstitution.</li> <li>• May be given IV push.</li> <li>• As units will vary with lot, give as close to prescribed dose as possible. <b>DO NOT WASTE!!</b> Give entire contents of bottle even if it is above prescribed dose.</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of vial contamination remote.</li> </ul>	<ul style="list-style-type: none"> <li>• Refrigeration recommended.</li> </ul>
<p><b>B. IMMUNOAFFINITY PURIFIED F VIII PRODUCTS</b></p> <ul style="list-style-type: none"> <li>• Pooled products derived from human plasma.</li> <li>• Viral attenuation is augmented by pasteurization or solvent detergent treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Hemophilia A or factor VIII deficiencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Varies with manufacturer or lot number.</li> </ul>	<ul style="list-style-type: none"> <li>• Administer within 3 hours of reconstitution.</li> <li>• Draw up with a filtered needle.</li> <li>• May be given IV push.</li> <li>• As units will vary with lot, give as close to prescribed dose as possible. <b>DO NOT WASTE!!</b> Give entire contents of bottle even if it is above prescribed dose.</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of viral contamination very small.</li> </ul>	<ul style="list-style-type: none"> <li>• Refrigeration recommended.</li> </ul>
<p><b>C. INTERMEDIATE OR HIGH PURITY F VIII PRODUCTS DERIVED FROM HUMAN PLASMA</b></p> <ul style="list-style-type: none"> <li>• Virally attenuated by heat or solvent detergent treatment.</li> <li>• Humate P is rich in Von Willebrand factor and is recommended for treatment of VWD patients although the package insert does not indicate this.</li> </ul>	<ul style="list-style-type: none"> <li>• Hemophilia A or factor VIII deficiencies.</li> <li>• Von Willebrands disease (Humate P).</li> </ul>	<ul style="list-style-type: none"> <li>• Varies with manufacturer or lot number.</li> </ul>	<ul style="list-style-type: none"> <li>• Administer within 3 hours of reconstitution.</li> <li>• May be given IV push. As units will vary with lot, give as close to prescribed dose as possible. <b>DO NOT WASTE!!</b> Give entire contents of bottle even if it is above prescribed dose.</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of viral contamination very small.</li> </ul>	<ul style="list-style-type: none"> <li>• Refrigeration recommended.</li> </ul>
<p><b>D. PORCINE F VIII</b></p> <ul style="list-style-type: none"> <li>• For use in pts. with F VIII inhibitor.</li> <li>• Not derived from human plasma.</li> </ul>	<ul style="list-style-type: none"> <li>• Hemophilia A with inhibitor.</li> </ul>	<ul style="list-style-type: none"> <li>• Varies</li> </ul>	<ul style="list-style-type: none"> <li>• See package insert.</li> </ul>	<ul style="list-style-type: none"> <li>• No risk of transmission of human viruses.</li> </ul>	<ul style="list-style-type: none"> <li>• Refrigeration</li> </ul>

**Commercially Manufactured Products - Factor IX Products**

Product Description	Indications	Approx. Vol	Administration	Patient Monitor	Storage
<b>A. COAGULATION F IX PRODUCTS</b> <ul style="list-style-type: none"> <li>• Pooled plasma product, virally attenuated.</li> <li>• Much less risk of thrombotic occurrences than with factor IX complex products.</li> </ul>	<ul style="list-style-type: none"> <li>• Hemophilia B or factor IX deficiencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Varies</li> </ul>	<ul style="list-style-type: none"> <li>• See package insert.</li> </ul>	<ul style="list-style-type: none"> <li>• Very small risk of viral transmission.</li> </ul>	<ul style="list-style-type: none"> <li>• Refrigeration recommended.</li> </ul>
<b>B. F IX COMPLEX CONCENTRATES (PROTHROMBIN COMPLEX CONCENTRATES)</b> <ul style="list-style-type: none"> <li>• Pooled plasma product, virally attenuated.</li> <li>• Contain factor II, VII &amp; X in addition to factor IX.</li> <li>• Not to be used in patients requiring large or repeated doses due to the risk of thromboembolic complications.</li> </ul>	<ul style="list-style-type: none"> <li>• Hemophilia B or factor IX deficiencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Varies</li> </ul>	<ul style="list-style-type: none"> <li>• See package insert.</li> </ul>	<ul style="list-style-type: none"> <li>• Very small viral risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Refrigeration recommended.</li> </ul>

**Commercially Manufactured Products  
Products for Patients with Factor VIII or IX Inhibitors**

Product Description	Indications	Approx. Vol	Administration	Patient Monitor	Storage
<b>A. ACTIVATED F IX COMPLEX PRODUCTS</b> <ul style="list-style-type: none"> <li>• Pooled plasma product, virally attenuated.</li> <li>• Purposely activated so that product contains some F IX, F X, etc. in active form.</li> <li>• To be used in INHIBITOR PATIENTS ONLY.</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with factor VIII or factor IX inhibitors.</li> <li>• Some specific products can be used in deficiencies of factors II, VII or X. Not all products can be used as the amounts of II, VII &amp; X vary from product to product.</li> </ul>	<ul style="list-style-type: none"> <li>• Varies</li> </ul>	<ul style="list-style-type: none"> <li>• See package insert.</li> </ul>	<ul style="list-style-type: none"> <li>• Very low risk of viral transmission.</li> </ul>	<ul style="list-style-type: none"> <li>• Refrigeration recommended.</li> </ul>

**Documentation:** Lot #(s), expiration date, product name, and # of units infused

Editor: Phyllis Patterson, MS, RN, CS, AOCN  
References: Harriet Lane Handbook Peds, , Transfusion & Apheresis Services  
Reviewer: Lynda Dettling, BSN, RN, Suzanne Butch, Jim Munn, Diana Mathis