Drug Therapy Protocols:
Extended life plasma – Group A (low titre)

Policy code	DTP_EXP_0722
Date	July, 2022
Purpose	To ensure a consistent procedural approach to extended life plasma – group A (low titre) administration.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
Review date	July, 2024
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

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Extended life plasma – Group A (low titre)

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Drug class

Blood Product Derivative[1]

Pharmacology

Replaces coagulation factors & plasma proteins.

Metabolism

N/A

Indications

- **Ongoing haemodynamic instability secondary to haemorrhage** (following an appropriate volume resuscitation strategy)

Contraindications

- Non-consenting conscious patient (e.g. Jehovah Witness)

Complications

- Previous transfusion reaction
- Immunosuppressed patients

Side effects

- Transfusion reactions
  - Acute haemolytic transfusion reaction
  - Acute febrile transfusion reaction
  - Anaphylaxis & urticaria
  - Transfusion related acute lung injury
  - Infection (Bacterial, Viral, HIV, Hep C, CJD)
- Transfusion associated circulatory overload
- Hypothermia
- Electrolyte disturbance

Presentation

- 250–310 mL unit (bag), ELP – Group A (low titre)

Onset (INF)	Duration (INF)	Half-life
Immediate	Variable	N/A

ELP – Group A (low titre)

Schedule

- Unscheduled.

Routes of administration

Intravenous infusion (IV INF) ECCP

Intraosseous infusion (IO INF) ECCP

Special notes

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the *QAS Clinical Consultation and Advice Line*.
- Each ELP unit contains all coagulation factors and 1 unit will increase clotting factors by approximately 2.5%.[1]
- Each ELP unit has been thawed and if stored appropriately, has a shelf life of up to 5 days following thawing.
- ELP should be mixed thoroughly by gentle inversion before use and then transfused through an intravenous blood giving set with the appropriate sized filter.
- The blood warmer should be used for all QAS administrations.
- Patients receiving transfusions must be monitored for signs of potential complications of transfusions and any suspected transfusion reactions must be dealt with swiftly and efficiently. Severe reactions are most likely to occur within in the first 15 minutes after commencing the transfusion. If any reaction occurs, cease the infusion immediately and discuss with *QAS Clinical Consultation and Advice Line*.

Special notes

- Signs and symptoms of a transfusion reaction include: tachycardia, hypertension, fever, rigors, headache, myalgia, back pain, altered level of consciousness, bronchospasm, pulmonary oedema and worsening coagulopathy.
- Vital signs (temperature, pulse, respiratory rate and blood pressure) must be measured and recorded at the beginning and during each transfusion, at least every 15 minutes.
- All transfusion reactions must be immediately reported to the QAS Medical Officer on call.
- The bag label numbers of all ELP transfusions administered to the patient must be documented on the eARF.
- All used ELP infusion bags must be left with the medical/nursing staff at the receiving hospital.
- Informed consent for transfusion means a dialogue has occurred between the patient and the clinician. The significant risks, benefits and alternatives to transfusion, including the patient's right to refuse the transfusion, will have been discussed. As a result of the discussion the patient should:
  - Understand what medical action is recommended
  - Be aware of the risks and benefits associated with the transfusion
  - Appreciate the risks, and possible consequences of not receiving the recommended therapy
  - Be given an opportunity to ask questions
  - Give consent for the transfusion freely
- Medications administered intermittently rather than continuously may be administered via the same IV line, using the following procedure:[2]
  1. STOP the transfusion.
  2. Flush the line via the injection port using sodium chloride 0.9% to clear blood from the IV port and tubing.
  3. Administer the medication.
  4. Flush the line with sodium chloride 0.9% before restarting the transfusion.

ELP – Group A (low titre)

Adult dosages

Ongoing haemodynamic instability secondary to haemorrhage (following an appropriate volume resuscitation strategy)

E CCP	**IV/IO INF**	*QAS Clinical Consultation and Advice Line* approval required in all situations. **1 unit** alternating with 1 unit of PRBC if available **Total maximum dose 1 unit.** Titrate according to the indication and patient's physiological response to treatment. Administer via a QAS approved blood warmer.

Paediatric dosages

Ongoing haemodynamic instability secondary to haemorrhage (following an appropriate volume resuscitation strategy)

E CCP	**IV/IO INF**	*QAS Clinical Consultation and Advice Line* approval required in all situations. **10 mL/kg (up to 1 unit)** alternating with 10 mL/kg (up to 1 unit) aliquots of PRBC if available **Total maximum dose 1 unit.** Titrate according to the indication and patient's physiological response to treatment. Administer via a QAS approved blood warmer.

QAS blood/blood products storage