

Scope: Departmental

Document Type: Clinical Practice Guideline

Approved on: 2024-07-22 Next Review Date: 2026-07-22

Version: 3

Heart Transplant -Antibody Mediated Rejection Therapeutic Plasma Exchange

This is a CONTROLLED document for internal use only, valid only if accessed from the Policies and Procedures site.

This guideline is departmental specific and applies only to activities within the Nephrology and Cardiology programs.

1.0 Introduction

This Clinical Practice Guideline (CPG) refers to the therapeutic plasma exchange for an infant /child with evidence of Antibody Mediated Rejection (AMR) after heart transplant. The goal of TPE is to remove donor-specific antibodies and/or inflammatory mediators implicated in AMR. The number of therapeutic plasma exchanges is patient specific and is ordered by the physician responsible for the patient's care. Please see Therapeutic Plasma Exchange under related documents for CPG on procedure.

The target users of this guideline will be Nurses, Physicians within the Nephrology and Cardiology programs.

Indications: This CPG applies to infants/children who have evidence of AMR.

Contraindications: Plasma exchanges should not ordinarily be performed within 24 hours of an operative procedure. If necessary to bypass this recommendation, the Staff M.D. **must document** the need for the procedure in the patient chart.

2.0 Definitions

Total Blood Volume (TBV) - the amount of blood in the whole body, both cells and fluid. The volume of
the patient's blood is based on the patient's weight. The TBV is related to lean body mass. There is a
difference between children and adults with newborns having a higher TBV per kg because of their higher
packed red cell volume. TBV is calculated using the following formula:

Neonates (0-1 month): 100 ml/kg
 Infants/children (1month-16 years) 80 ml/kg
 Adolescents (16 years and older) 70 ml/kg

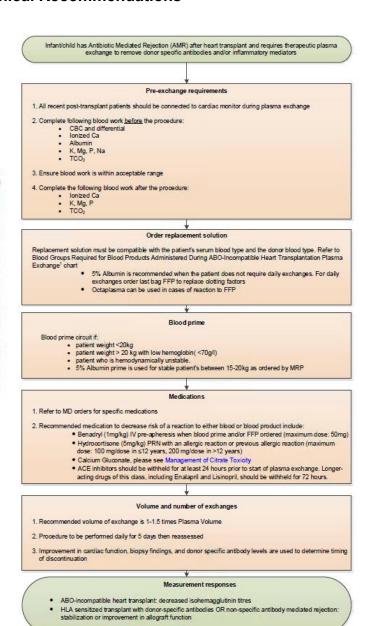
- Plasma Volume is the total volume of plasma in the body.
 - Plasma Volume = TBV (ml) X (1-hematocrit)
- Exchange patient plasma is replaced by donor plasma. The exchange product can be either Octaplasma, 5% Albumin or a combination of both.

©The Hospital for Sick Children ("SickKids"). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.

3.0 Clinical Recommendations

Printable Version

Heart Transplant-Antibody Mediated Rejection Therapeutic Plasma Exchange



Please note the following

- number of plasma exchanges is patient specific and ordered by MRP
- plasma exchanges should NOT be performed within 24 hours of an operative procedure. MD must document if need to bypass this recommendation

Acceptable blood work values prior to exchange:

- Mg: > 0.5 mmol/L
 K: > 3.0 mmol/L
- P; ≥ 1.0 mmol/L for children < 2 years; ≥ 0.7 mmol/L for children > 2 years
- TCO₂: <30 mmol/L
- lonized Ca: > 0.9 mmol/L

Blood Groups Required for Blood Products Administered During AB0-incompatible Heart Transplantation.			
Donor's Blood Group ¹	Recipient's Blood Group ¹	Indicated Plasma ¹	Red Cell Blood Group ¹
A	0	AB or A	0
В	A	AB	OorA
A	В	AB	OorB
В	0	AB or B	0
AB	A	AB	OorA
AB	В	AB	OorB
AB	0	AB	0

4.0 Related Documents:

Therapeutic Plasma Exchange Procedure

Management of Citrate Toxicity

Blood component Infusions

5.0 References

©The Hospital for Sick Children ("SickKids"). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.

- 1. McLeod, B C Apheresis: Principles and Practice, 1997 (409-415)
- 2. Pollock-BarZiv SM, den Hollander N, Ngan B, Kantor P, McCrindle B, Dipchand AI. Pediatric Heart Transplantation in Human Leukocyte Antigen Sensitized Patients: Evolving Management and Assessment of Intermediate-Term Outcomes in a High-Risk Population. Circulation (2007),116:I:172-178.
- 3. Rao, J. N., Hasan, A., Hamilton, J.R., Bolton, D., Haynes, S., Smith, J. H., Wallis, J., Kesteven, P., Khattak, O'Sullivan, J. and Dark, J. H. (2004). ABO-Incompatible heart transplantation in infants; The Freeman Hospital experience. Transplantation. 77 (9), 13.
- 4. Schwartz et.al (2016). Guidelines on the use of therapeutic apheresis in clinical practice- evidence based approach from the writing committee of the American society for apheresis: the seventh special issue. Journal of Clinical Apheresis. 31, 149-338
- 5. Weinstein, Robert. Hypocalcemic Toxicity and Atypical Reactions in Therapeutic Plasma Exchange (2001). Journal of Clinical Apheresis 16:210-211
- West, L.J., Pollick-Barziv, S. M., Dipchand, A. I., Lee, K.J., Cardella, C.J., Benson, L. N., Redeyka, I. M., and Coles, J. G. ABO-incompatible heart transplantation in infants. (2001). New England Journal of Medicine. 344 (11), 793-800.
- 7. West, L. J. (2003). ABO-Heart transplant study (DRAFT).

6.0 Attachments

Heart Transplant care pathway

©The Hospital for Sick Children ("SickKids"). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.