Heart Transplant - Antibody Mediated Rejection
Therapeutic Plasma Exchange

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

- **Fresh Frozen Plasma (FFP)** - is separated from whole blood and is frozen within eight hours of collection. FFP contains all the coagulation factors in normal concentrations. Plasma is free of red blood cells, leukocytes and platelets. Plasma also has volume expansion and oncotic properties.

- **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 (1 month-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 FFP, 5% Albumin or a combination of both.
3.0 Clinical Recommendations

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Pre-exchange requirements
1. All recent post-transplant patients should be monitored closely during plasma exchange.
2. Complete the following blood work: CRP, full blood count, liver function tests, and urinalysis.
3. Ensure blood work is within acceptable range.
4. Complete the following blood work after the procedure:
   - INR
   - K, Mg, P
   - TCO2

Order replacement solution
Replacement solution must be compatible with the patient's serum blood type and the donor blood type. Refer to Blood Groups Required for Blood Products Administered During ABO-Incompatible Heart Transplantation Plasma Exchange Chart.
- 5% albumin is recommended when the patient does not require daily exchanges. For daily exchanges, use 2 x 500 ml of FFP to replace clotting factors.
- Octreotide can be used in cases of reaction to FFP.

Blood prime:
- Patient weight <25 kg
- Patient weight > 25 kg with low homologous (<72 ml)
- Patient who is hemodynamically unstable
- 5% albumin is used for stable patients between 15-25 kg as ordered by NRP.

Medications
1. Refer to NRP for specific medications.
2. Recommended medication to decrease risk of a reaction to either blood or blood product includes:
   - Benzyl Alcohol 1% (alcohol): 200 mg/kg.
   - Hydrocortisone 100 mg, 10% (hydrocortisone 100 mg/kg with an allergic reaction to previous allergic reaction maximum dose: 100 mg/kg in 2 days, 200 mg/kg in 1 year).
   - Calcium Gluconate, please see Management of Citrate Toxicity.
   - ACE inhibitors should be withheld for at least 4 hours prior to start of plasma exchange.

Volume and number of exchanges
1. Recommended volume of exchange is 1-1.5 times Plasma Volume.
2. Procedure to be performed daily for 5 days, then reassessed.
3. Improvement in cardiac function, biopsy findings, and donor-specific antibody levels are used to determine timing of discontinuation.

Measurement responses
- ABO-Incompatible heart transplant: decreased anti-A/anti-B antibodies.
- HLA-sensitized transplant with donor-specific anti-blood: OR non-specific antibody-mediated rejection: stabilization or improvement in allograft function.

4.0 Related Documents:
Therapeutic Plasma Exchange Procedure
Management of Citrate Toxicity
Blood component Infusions

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5.0 References

1. McLeod, B C. Apheresis: Principles and Practice. 1997 (409-415)

Attachments:

Heart Transplant_care pathway_Feb 2022 (1).pdf