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

- **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

3.0 Clinical Recommendations Overview

- Pre-exchange requirements
  1. All recent post-transplant patients should be connected to a cardio monitor during plasma exchange
  2. Complete following blood work prior to the procedure:
     - CBC and differential
     - INR
     - Platelet count
     - K, Na, P, Cl
     - TCO2
  3. Ensure blood work is within acceptable range
  4. Complete the following blood work after the procedure:
     - INR
     - K, Na, P, Cl
     - 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% Albunin is recommended when the patient does not require daily exchanges. For daily exchange patient use 250 ml FFP to replace clotting factors.
- Octaplasma can be used in cases of reaction to FFP.

Blood prime

Blood prime should:
- Patient weight <60 kg
- Patient weight 60 kg with less than 90% donor (60 kg or 70 kg)
- Patient who is hemodynamically unstable
- 5% Albunin prime is used for stable patients between 60-20 kg as ordered by NRP

Medications

1. Refer to NRP orders for specific medications
2. Recommended medication to decrease risk of a reaction to either blood or blood product includes:
   - Benadryl (diphenhydramine) 25 mg subcutaneous or IV (maximum dose: 50 mg)
   - Hydrocortisone (sodium) 250 mg IV or SB with an allergic reaction or previous allergic reaction (maximum dose: 500 mg/day)
   - Calcium Gluconate, please see Management of Citrate Toxicity
   - ADEs written should be withheld for at least 24 hours prior to start of plasma exchange. Long-acting drugs, including Enalapril and Lasa, should be withheld for 72 hours.

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 isohemagglutination titers
- HLA specific transplant with donor specific antibodies 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
5.0 References

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

Attachments:

Heart Transplant_care pathway_Feb 2022 (1).pdf