### INDICATIONS AND USE OF CANINE UNIVERSAL BLOOD PRODUCTS

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| PACKED RED BLOOD CELLS (PRBC) | • This is the preferred source of red blood cells for routine needs.  
• Use when PCV is at or below 15%. Transfusion alert begins when PCV reaches 20%.  
• Acute blood loss anemia (e.g. trauma, surgery; acute hemolytic disease).  
• Chronic anemia (e.g. internal and external parasitism, bone marrow failure, chronic hemolytic disease).  
• Residual Plasma ~ 8  
Total Fluid ~ 200 | 42 days  
Stored in nutrient solution which extends shelf life. | Standard  
• Cells ~ 125  
• Anticoag ~ 22  
• Nutrient ~ 45  
• Residual Plasma ~ 8  
Total Fluid ~ 200 | ~ 250 | • Warm to room temperature before use, do NOT microwave.  
• Give as is or dilute with 50 – 125 mL 0.9% NaCL (saline) to reduce viscosity. Mix gently and use transfusion set with filter or syringe tip filter during the administration. Give plasma or crystalloid/colloid solutions simultaneously in a separate line or sequentially.  
• Do NOT mix with or administer in same line with Lactated Ringer’s solution or any solution containing divalent cations. | 3 – 5 mL/lb once or twice daily at 10 mL/lb over 4 hours for normovolemic patients.  
Rate for hypovolemic patients: 10 mL/lb/hr.  
Rate for acute needs: 4-6 mL/minute.  
Rate for cardiac or other compromised functions: up to 2 mL/lb/hr. |
| FRESH FROZEN PLASMA (FFP) | • Source of all coagulation factors, albumin, globulins, electrolytes, and other plasma nutrients.  
• Preferred for treatment or short-term prophylaxis of bleeding disorders and to provide globulins (passive immunity) to alleviate or protect against acute or chronic infectious diseases especially viral disease (e.g. parvovirus)  
• Not recommended for routine volume expansion.  
• Plus 4 years  
After 1 years time, converts to frozen plasma for providing protein and albumin, also colostrum and immunoglobulins for neonates for an additional 4 years. | 1 year  
For all coagulation factors, proteins, albumin, and immunoglobulins. | Standard  
• Plasma ~ 120  
• Anticoag ~ 12  
Total Fluid ~ 132 | N/A | • Warm to room temperature before use, do NOT microwave.  
• Thaw slowly in cool water bath or overnight in refrigerator.  
• Use of a transfusion set with filter or syringe filter is optional.  
• For neonates – can be given orally in first 36 hours of life.  
• Do NOT mix with or administer in same line with Lactated Ringer’s solution or any solution containing divalent cations. | 3 – 5 mL/lb once or twice daily given as above.  
For severe hemorrhagic disorders, dosage is given for 3 – 5 days or until bleeding ceases.  
For passive immunity in orphaned neonates or severe viral diseases, give 0.25 mL/oz of neonatal weight up to a maximum of 10 mL and 3-5 mL/lb thereafter if needed. Repeat as needed daily or 1-2 times per week. |
| WHOLE BLOOD (WB) | • Equivalent to packed red blood cells as a source of red cells to treat acute or chronic anemia.  
• Also contains coagulation factors, some white cells and platelets when used immediately after collection or within 24 hours.  
• Use when PCV is at or below 15%. Transfusion alert begins when PCV reaches 20%.  
• Thaw slowly in cool water bath or overnight in refrigerator.  
• Use of a transfusion set with filter or syringe filter is optional.  
• For passive immunity in orphaned neonates or severe viral diseases, give 0.25 mL/oz of neonatal weight up to a maximum of 10 mL and 3-5 mL/lb thereafter if needed. Repeat as needed daily or 1-2 times per week. | 28 days  
For neonates  
For immediate volume expansion.  
For hypovolemic patients | Standard  
• Blood ~ 250  
• Anticoag ~ 35  
Total Fluid ~ 285 | ~ 250 | • Warm to room temperature before use, do NOT microwave.  
• Use transfusion set with filter or syringe tip filter during the administration.  
• Use IV, IP or intramedullary.  
• Do NOT mix with or administer in same line with Lactated Ringer’s solution or any solution containing divalent cations. | 3 - 5 mL/lb once or twice daily given as above or not more than 10 mL/lb over a 24 hour period. |
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| PLATELET RICH PLASMA (PRP) | • Severe thrombocytopenia or platelet dysfunction with active bleeding or prophylaxis of such animals under going surgery.  
• NOT routinely recommended to treat immune thrombocytopenia except for immediate acute needs (ie. a platelet count of 10,000 or less) as platelets are rapidly destroyed.  
• Repeated use is NOT advised as immune sensitization to platelets and white blood cells is likely to develop.  
• To sustain oncology patients with thrombocytopenia secondary to use of chemotherapeutics, PRP should always be filtered to reduce white blood cell content as it may be needed repeatedly. | 72 hours        | Special     | ~ 120                        | • Do NOT freeze PRP.  
• Warm to room temperature before use, do NOT microwave.  
• Use IV.  
• Give SLOWLY, especially for the first 10 – 30 minutes as platelet fragments and released histamine or serotonin in PRP can cause shivering, salivation, urticaria or restlessness.  
• The risk for alloimmunization is significantly reduced if the PRP is passed through a special leukocyte reduction filter that removes most of the white blood cells.  
• Do NOT mix with or administer in same line with Lactated Ringer’s solution or any solution containing divalent cations. | 3 – 5 mL/lb given once or twice. |
| CRYO-PRECIPITATE (CRYO) | • Treatment or pre-surgical prophylaxis of severe bleeding caused by Hemophilia A (factor VIII deficiency), and fibrinogen deficiencies.  
• Rich in fibronecin, which may be beneficial for cases of severe burns or sepsis. | 1 year          | ~ 12.5 mL  | ~ 60                          | • Thaw slowly and dilute 1:1 with 0.9% NaCl.  
• SLOWLY infuse IV by syringes using syringe filter to remove any cell or fibrin particulates.  
• Do NOT mix with or administer in same line with Lactated Ringer’s solution or any solution containing divalent cations. | Approximately 3–5 mL or whole plasma equivalents/lb, given twice daily until bleeding stops (i.e. a 15 lb dog should receive one unit, 12 mL, or 30 mL whole plasma equivalents twice daily). |
| CRYO-SUPERNATANT PLASMA (CRYOSUP) | • Equivalent to FFP, except deficient in factor VIII and von Willebrand factor.  
• Use for all coagulopathies expect hemophilia A and VWD. | 1 year plus 4    | Special     | ~ 120                        | • Same as FFP.  
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• Same as FFP. | |
| FROZEN PLASMA (FP) | • Equivalent to FFP or Cryosupernatant, as source of proteins, albumin and globulins. Also known as Expired FFP. | 4 years         | Standard    | ~ 120                        | • Same as FFP.  
• Same as FFP.  
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• Same as FFP. | |

NOTE: Hemopet’s healthy donor dogs are maintained in a closed colony. All donors have blood type DEA 4 (C) and are tested for all other known canine red blood cell antigens, including DEA 1.1 (A₁), DEA 1.2 (A₂), DEA 3 (B), and DEA 7 (T₄), the antigens associated with clinically significant transfusion incompatibilities in dogs. All donors receive on-site, 24 hours-a-day veterinary supervision and maintenance and have been serologically screened for canine brucellosis, Borrelia burgdorferi (Lyme disease), Dirofilaria immitis (heartworm disease), Ehrlichia canis, Rocky Mountain spotted fever, Coccidiodides imitis, Mycoplasma haemocanis, Babesia canis, Babesia gisoni, and plasma levels of von Willebrand factor.

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