

# COVID Convalescent Plasma workflow for Munson Healthcare

Created by the Convalescent plasma team (created 10/8/2020)

In order to provide your patient COVID-19 convalescent plasma (CCP), please follow these steps:

1. Please page the convalescent plasma team if you have any questions regarding CCP. If you do not get a response, page or email William Kanner, MD <mailto:wkanner@mhc.net>.

2. Email the IRB team the patient's name and mrn to notify them for documentation (ltulik@mhc.net; jmurray@mhc.net; dwebster@mhc.net).

2. Provide the patient/family the Fact Sheet, order an ABO/Rh type and order the plasma (found under the plasma in the general order for transfusion plasma, select 1 or 2 units). Please order 2 units if the patient is greater than 100 kg, immunosuppressed or you suspect high viral load. In most cases, you should transfuse 2 units.

3. Please document the patient consent into the EMR (Powerchart or Metitech) using the below template.

“The patient (or name and relationship of who it was reviewed with and how i.e. over phone) has verbally consented for COVID Convalescent Plasma. It was explained that this is not an FDA approved treatment and is being utilized for investigational use at this time. Known potential risks and benefits of COVID-19 convalescent plasma were explained. Existing alternatives and their risks and benefits were reviewed. Patient or caregiver is aware that they have the option to accept or refuse administration of COVID-19 convalescent plasma. Patient (or caregiver) agreed to proceed with treatment with convalescent plasma.”

4. Please fill out the Versiti request form (see next page) with the below information and fax/send to the blood bank.

- Patient weight
- Patient height (if available)
- Date of diagnosis (clinical diagnosis or positive test date)
- Number of units requested
- ABO/Rh type (please order if not already known)

The patient's unit will be contacted when the plasma arrives or if there are any issues.

Emails can also be sent to the convalescent plasma team: <mailto:mhc-cplasma@mhc.net>

This information is also available on-line at: <https://www.munsonhealthcare.org/providers/quality/patient-care#plasma>



## CoVID-19 Convalescent Plasma Request

### Patient Information:

<b>Insert Hospital Label for Recipient or Complete:</b>
Name:
D.O.B.:
Medical Record #:

Patient Gender:  Male  Female Patient Height: (if available): \_\_\_\_\_ Patient Weight: \_\_\_\_\_

Hospital: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ (clinical diagnosis or positive test date)

Please select the protocol below that will be followed to transfuse convalescent plasma:

IND Approval Source	Protocol (Check One)	IND # Or eIND #	Patient Approval Number	Paperwork Needed
Investigational Use	<input checked="" type="checkbox"/>			
FDA Single Patient eIND	<input type="checkbox"/>			<ul style="list-style-type: none"><li>Completed form 3926</li><li>Local IRB approval of eIND</li></ul>
Local IRB Approved IND	<input type="checkbox"/>			<ul style="list-style-type: none"><li>Copy of IND with first patient</li><li>Patient approval number</li></ul>

	Number of Units
FFP/ PF24 (200mL/unit)	
Patient ABO/Rh Type _____ (Must have patient blood type for this order)	
Note: ABO Identical or ABO compatible may be issued	

Donors of this convalescent plasma have met FDA criteria for CoVID testing and symptom-free. Versiti will screen for all standard blood donor testing (including Hep B, Hep C & HIV). Any ever-pregnant female donors will have been tested negative for HLA antibodies.

### Blood Center Use Only:

Check of ABO compatibility and tag accuracy

Direct observation approval \_\_\_\_\_  
Initials Date

For order fulfillment: fax this form to 616-233-8633