



BBH UPDATE

March 12, 2014

C O M P L I A N C E A L E R T

NATIONAL SALINE SHORTAGE: HOW CAN BLOOD COMPONENTS BE ADMINISTERED?

In response to a nation-wide shortage of intravenous solutions, including normal saline, we have been asked, should the need arise, if blood components can be transfused with solutions other than normal saline.

According to the Circular of Information for the Use of Human Blood and Blood Components, no medications or solutions other than 0.9% sodium chloride injection (USP) should be administered with blood components through the same tubing.

AABB Standards allows exceptions to the above restrictions when:

- The drug or solution has been approved by the FDA for use with blood administration
- There is documentation available to show that the addition is safe and does not adversely affect the blood or component.

Acceptable solutions according to these criteria include:

- ABO-compatible plasma
- 5% albumin
- Plasma protein fraction
- Certain solutions are compatible with blood or blood components as noted in the package inserts reviewed by the FDA:
 - Normosol-R, pH 7.4 (Hospira, Lake Forest, IL)
 - Plasma-Lyte-A injection, pH 7.4 (Baxter Healthcare, Deerfield, IL)
 - Plasma-Lyte 148 injection (Multiple Electrolytes Injection, Type 1, USP; Baxter Healthcare).

Note: There are several formulations of Plasma-Lyte that are not isotonic or that contain calcium; package inserts must be checked to confirm compatibility with components. Lactated Ringer's, dextrose containing, or hypotonic solutions should not be used because they may cause red cell hemolysis, or precipitate clotting by counteracting citrate anticoagulant.

If you have any further questions, please contact:
Dr. Randal Covin
Medical Director
808-848-4771
rcovin@bbh.org.



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