

Blood Bank III

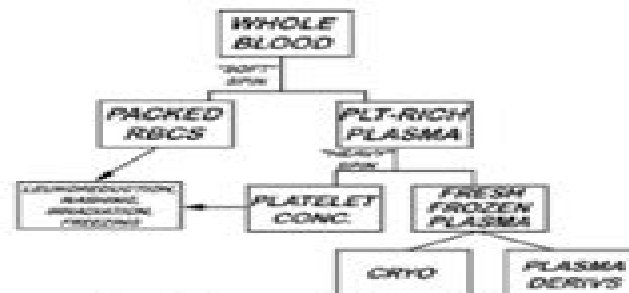
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Blood Components and Component Therapy

I. General

A. Basic concept of “component therapy”

1. More efficient use of products by giving a patient what he needs and avoiding what he doesn't need.
2. Made possible by advent of plastic bags around 1950.
3. Single unit may be made into numerous components (see figure below representing classical US method).



B. Anticoagulant/preservative solutions

1. Allows to be stored for extended periods without drastic effects on most metabolic and therapeutic qualities
2. Red cell storage defined by demonstrating 75% survival of transfused cells at 24 hours after transfusion (FDA)
3. Historic anticoagulant/preservatives
 - a. Citrate-phosphate-dextrose (CPD) and citrate-phosphate-dextrose-dextrose (CP2D)
 - 1) Allow 21 days of RBC/whole blood storage
 - b. Citrate-phosphate-dextrose-adenine (CPDA-1)
 - 1) Very similar to CPD but with 17.3 mg of adenine (no adenine in CPD)
 - 2) Allows 35 days of RBC/Whole Blood storage
 - c. Acid Citrate Dextrose (ACD): used for apheresis PLTs
4. Additive solutions (“Adenine Saline” additives)
 - a. Increases shelf life of RBCs to 42 days
 - b. Most common types
 - 1) AS-1 (Adsol®)
 - 2) AS-3 (Nutricel®)
 - 3) AS-5 (Optisol®)
 - c. Specifics vary, but all add more dextrose and adenine to increase blood shelf life.
 - d. AS-1 and AS-5 contain mannitol for RBC preservation

Specialist In Blood Bank Study Guide

**Brigitte Niedzwiecki, Julie Pepper, P.
Ann Weaver**



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