# **Laboratory News**

VOL. 46, NO. 1 - January 20, 2023

## New Cerner PowerPlan Offered for HLA-Matched Platelets

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As of December 1, 2022 a new Cerner PowerPlan has been released for HLA-Matched Platelet products.

# **Inside this Issue**

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# Change in ordering practice for HLA-Matched Platelets

A new CERNER PowerPlan – Request for HLA Matched Platelets – has been created and is now available in PowerChart to aid in proper ordering and communication.

"Request for HLA Matched Platelets" PowerPlan must be completed for an initial request. To ensure product availability, a "Request for HLA Matched Platelets" order should be placed for any subsequent requests after 1 month from initial request for HLA-matched platelets. All questions within the PowerPlan MUST be answered. If there are any questions after completing PowerPlan, contact Lab/Transfusion Service. If Lab/Transfusion Service has questions about request for HLA-matched platelets, provider may be contacted.

The recipient must have HLA typing (HLATX 2303), HLA Antibody Detection, and Identification (HLAIDSO 2226) prior to the availability of HLA-matched platelets

When notified that HLA-matched platelet is available for transfusion, provider MUST place an order for transfusion. Use the routine Blood Product Transfusion PowerPlan. Provider should indicate under "Special Requirements-HLA Matched."



Recipient must have blood type on file in Transfusion Service. Transfusion Service will communicate with the provider when HLA-matched platelets are available for transfusion. An order must be placed for each transfusion request.

## **Background on HLA Matched Platelets**

When a patient becomes refractory to platelet transfusions this may be the result of HLA alloimmunization, and HLA-matched platelets may be indicated. Prerequisite testing and close communication between the clinical care team, Transfusion Service and the blood supplier is required for selection and obtaining these specialized platelet products.

### **PowerPlan Order Details**

| Request for | НΙΔ | Matched   | <b>Platelets</b> | <b>PowerPlan</b> | includes:  |
|-------------|-----|-----------|------------------|------------------|------------|
| Neudest IVI |     | riattiieu | riatelets        | F OWEI F I all   | IIICIUUCS. |

|                               | HLA  |  | h Platelet Request including: ested Start Date/Time         |  |  |  |  |  |
|-------------------------------|------|--|---|--|--|--|--|--|
|                               |      | Antici   | pated platelet transfusion need (duration)                  |  |  |  |  |  |
|                               |      | Antici   | pated # of transfusion (per week)                           |  |  |  |  |  |
|                               |      | Platel   | et transfusion trigger                                      |  |  |  |  |  |
| ☐ Patient history to include: |      |  |   |  |  |  |  |  |
|                               |      | +  | Splenomegaly  |  |  |  |  |  |
|                               |      | +  | Splenectomy   |  |  |  |  |  |
|                               |      | +  | Petechiae   |  |  |  |  |  |
|                               |      | +  | Bleeding  |  |  |  |  |  |
|                               |      | +  | Disseminated Intravascular Coagulation (DIC)                |  |  |  |  |  |
|                               |      | +  | Chemotherapy  |  |  |  |  |  |
|                               |      |  | Date of last chemotherapy,                                  |  |  |  |  |  |
|                               |      | +  | Infection,  |  |  |  |  |  |
|                               |      | +  | Septicemia,   |  |  |  |  |  |
|                               |      | +  | Antibiotics,  |  |  |  |  |  |
|                               |      | +  | Race.   |  |  |  |  |  |
|                               | HLA  | -AB Low Resolution (2303) Testing: Low Resolution typing for Class I HLA-A,B |   |  |  |  |  |  |
|                               | loci |  |   |  |  |  |  |  |
|                               | HLA  | Antib  | ody ID Class I High Resolution (2226) Testing: HLA Antibody |  |  |  |  |  |
|                               | Ider | entification Class I High Resolution Detect HLA Class I antibodies.          |   |  |  |  |  |  |

### **Reference Documents**

| <u>HLA-Matched Platelets Requisition and Administration Procedure</u> in Docur | ment Control | System | (DCS) |
|--|--------------|--------|-------|
| HLA-Matched Platelets in the Marshfield Labs Test Reference Manu               | ual (TRM).   |        |       |

### Questions:

- ☐ Clinical and technical questions or concerns, please call Marshfield Labs- 800-222-5835:
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