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Practice Guidelines for Blood Component Therapy

To the Editor—Regarding the recent Practice Guidelines for blood component therapy, I have a suggestion concerning the use of fresh-frozen plasma. If, after excessive bleeding and massive transfusion of erythrocytes, the addition of fresh-frozen plasma becomes necessary, we use the fresh frozen plasma from the same donor. We think that the fresh-frozen plasma from the same donor is the best fresh-frozen plasma you can give a patient who has already received the blood cells from this blood donation. Our blood donation center always separates erythrocytes and fresh-frozen plasma. It gives the same registration number to the erythrocyte unit and the fresh-frozen plasma and then stores the fresh-frozen plasma according to the registration numbers. When we need fresh-frozen plasma, we tell the blood donation center the number of the fresh-frozen plasma we want (which is the number of the erythrocyte unit already given). We think this is the better way to use fresh-frozen plasma than to add something toxic to the fresh-frozen plasma (methylene blue with ultraviolet-radiation or chemicals in the hope of killing viruses). The above has been used for 10 yr in our hospital without problems and with very low costs.

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