

VALLEYCARE
**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
DEPARTMENT OF EMERGENCY MEDICINE
POLICY & PROCEDURE**

**NUMBER: 3264
VERSION: 1**

SUBJECT/TITLE: BLOOD TRANSFUSION/UTILIZATION AND UNCROSSMATCHED BLOOD TRANSFUSIONS

POLICY: An adequate supply of blood is available at all times either in the hospital blood bank or from an off site source, approved by the medical staff.

All blood utilization in the Department of Emergency Medicine must be documented on the Department of Emergency Medicine record and blood utilization will be reviewed in the Blood Transfusion/Utilization Committee and a report submitted to the Department of Emergency Medicine Inter-Disciplinary Quality Improvement Committee. The hospital provides for blood typing and cross matching capability and blood will be stored in the blood bank until usage is necessary.

The Blood Transfusion Indication Sheet must be completed and must accompany the Blood Bank requisition(s) in order to process the blood orders.

Whenever possible:

- Options risks and alternative explained to patients
- Consent signed

PURPOSE: Guidelines on how to transfuse blood and uncrossmatched blood.

DEPARTMENTS: **DEPARTMENT OF EMERGENCY MEDICINE (DEM)**

DEFINITIONS:

PROCEDURE: PRINCIPLE

Cases may present where the physician responsible for a patient's welfare determines that transfusion is necessary before a specimen is completely processed and units are found to be serologically compatible.

During these instances, the physician may request uncrossmatched blood be issued.

1. Blood Bank will require the following before releasing Group O, Rh

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negative uncrossmatched packed cells:

- a. Patient's full name and MRUN (medical record unique number). If patient's name is not available (e.g., trauma patient) a unique identifying number, MRUN, must be assigned. This is necessary to differentiate between multiple trauma patients. Trauma packets with pre-assigned MRUNs should be used in emergency situations to expedite paperwork.
 - b. Name of the physician requesting uncrossmatched blood. This can be a verbal order communicated to the blood bank by a registered nurse if the physician is unavailable, provided the requesting physician agrees to sign the request as soon as possible. (See Emergency Transfusion Request and Release Form for Uncrossmatched or Partially Crossmatched Blood).
 - c. Person arriving at the Blood Bank to pick up blood should be a registered nurse, medical doctor, or qualified blood transporter carrying a pink pick-up slip and/or trauma packet paperwork that indicates the patient's name and unique identification number.
2. It is extremely important that the Blood Bank receive a 7 to 10 ml clot since the O negative blood supply may be limited and type specific blood cannot be given until Blood Bank receives the specimen. Timely compatibility testing will also be delayed.
 3. Routinely, up to 2 units of group O Rh negative packed cells may be released in an emergency situation.
 4. Females of childbearing age (infants to 60 years of age) shall receive O negative packed cells, uncrossmatched during emergency release situations.
 5. The Blood Bank supervisor and/or pathologist on call will be notified in situations when there is limited supply of O negative blood, to determine appropriate allocation of remaining units. It is prudent to issue "low volume" O negative red cells before issuing Rh positive units prior to completion of antibody screen. The pathologist is to be notified if an Rh negative patient is to receive Rh positive blood and informed on the progress of antibody detection, particularly anti-D.
 6. Blood suppliers (American Red Cross and Hemacare) will be contacted for emergency shipment as necessary.

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7. Release from crossmatch group O packed cells from other hospital patients less likely to be transfused. These patients will be re-crossmatched when group O supplies are replenished.
8. No whole blood will be issued unless it is ABO group specific.
9. If the patient does not survive the emergent event, the compatibility tests may be abbreviated (provided no blood product is implicated in the death). Consult the pathologist.
10. The patient's physician and the pathologist will be notified immediately if an antibody is detected during the antibody screen or an incompatible unit is detected.
11. The Transfusion Indication Sheet is to be sent to the Blood Bank by the ordering physician after the emergency has resolved. It should be completely filled out and include the reason for transfusion.

PROCEDURE

- A. ABO and Rh not complete and antibody screen not complete
Issue: Group O, Rho (D) negative, Packed Red Cells
 1. Select the proper unit(s) remove and label 1 segment from each unit (group, type and number) for compatibility testing.
 2. Fill out one Emergency Release Form for each delivery (see attached):
 - a. Patient's name and Medical Record Number (MRUN)
 - b. Physician responsible for signing release and the RN who relayed order
 - c. Unit number(s), group(s) and type(s)
 3. Label unit(s) UNCROSSMATCHED BLOOD

**UNCROSSMATCHED
BLOOD**

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4. Attach a blood transfusion slip filled out completely to each unit.
5. Complete the required information in the Transfusion Issue Log.

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6. A registered nurse, medical doctor or a qualified blood transporter must pick up the blood and take back any unsigned Emergency Release Form. The form must be signed by a licensed physician and returned to the Blood Bank as soon as possible.
 7. Make sure to request any necessary specimens (i.e., Type and Cross, Type Check) that need to be obtained from the patient and sent to the Blood Bank STAT.
 8. Immediately start the type, screen and crossmatch. (As per Pathology Procedures 1107, 1008, 1009 and 1112 in the Routine Manual).
 9. If an incompatibility or positive antibody screen is detected at any time, immediately notify the patient's physician, and then notify the pathologist. Begin antibody identification procedures.
 10. After issuing uncrossmatched blood complete paper work. On the patient's workcard, in the area where crossmatch is normally recorded, write "Issued Uncrossmatched", leaving room for follow up recordings. All other information may be copied from the Transfusion Issue Log to the patient's workcard.
- B. Only ABO and Rh are determined; the antibody screen is not complete:
1. Issue Group and Type specific RBC only if type check specimen has been processed. Group O blood must be given until type check is processed.
 2. Immediate spin crossmatch must be performed when issuing ABO group specific units.
 3. Units are issued as UNCROSSMATCHED until the antibody screen is completed.
 4. Proceed with Steps A-2 through A-10.

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| References: <u>Standards for Blood Banks and Transfusion Services</u> American Association of Blood Banks, 16 th Ed, 1994 <u>Technical Manual</u> American Association of Blood Banks, 11 th Edition, 1993 Barnes A. "The Blood Bank in Hemotherapy for Trauma and Surgery: <u>Hemotherapy in Trauma and Surgery</u> . Washington, D.C. American Association of Blood Banks 1979:77-87 | |
| Approved by: David Talan (Chief Physician), Jeanne Egusa (Nurse Manager), Vena Ricketts (DEM PI/QI Coordinator) | Date: 06/20/2011 |
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