OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
DEPARTMENT OF PATHOLOGY
POLICY & PROCEDURE

NUMBER: 1791
VERSION: 2

SUBJECT/TITLE: SCM-08 BLOOD BANK GENERAL INFORMATION

POLICY: **BLOOD BANK INFORMATION**

PURPOSE: To inform House Staff of the Blood Bank specimen requirements, administration of blood and blood components, transfusion reactions, and release of blood in emergency situations.

DEPARTMENTS: ALL

DEFINITIONS:

PROCEDURE: **REQUISITION**

To blood or blood products for transfusion, mark the appropriate box and answer required prompts for product orders in Orchid. Select appropriate criteria for transfusion. These product orders will print in Blood Bank. Orders to transfuse are directed to nursing staff. Use miscellaneous slips for ordering during computer downtime.

SPECIMEN REQUIREMENTS

For all Blood Bank testing, positive identification of the prospective recipient is imperative. All labels for Blood Bank must be checked against the patient identification band before the draw. All labels must have the following information:

1. Patient's name
2. Patient's medical record number (MRN)
3. Date of collection (or able to be traced electronically)
4. Time of collection (or able to be traced electronically)
5. Employee number of person collecting specimen (or able to be traced electronically)

If the barcode label or patient HIM sticker is not available, handwrite completely and legibly all information on the blood specimen. If a specimen is not properly labeled **at the patient's bedside** or the label on the tube does not match the requisition, that sample **will be discarded** by the Blood Bank and a new sample must be obtained.

Crossmatched units are held for 3 days only. Red blood cell units not used within

this period of time are automatically released for use by other patients. **A FRESH SPECIMEN MUST BE SUBMITTED FOR SUBSEQUENT ORDERS.**

PROCEDURE FOR ADMINISTERING BLOOD OR COMPONENTS

Drugs or medications, including those intended for intravenous use, shall not be added to blood or components. Only Sodium Chloride Injection U.S.P. (0.9%) may be added to blood or components. For specific instructions for administering blood, see the OVMC Nursing Procedure Manual Section "Blood/Blood Component Transfusion" and Pathology Procedure Routine Manual Section "BBR.156 Blood Administration (Transfusion Techniques)".

TRANSFUSION REACTIONS

If a transfusion reaction is suspected, **STOP THE TRANSFUSION IMMEDIATELY**. Notify the physician and the Blood Bank of the suspected reaction. Then submit the following (according to Blood Bank instructions):

1. Completely fill out the "SUSPECTED TRANSFUSION REACTION" form (OV 1367).
2. Submit properly labeled post-transfusion blood samples from the recipient.
    - 6 mL pink top – order Type & Screen and DAT
    - 5 or 7 mL red top – order Total Bilirubin and Haptoglobin
3. Submit first post-transfusion urine sample from recipient.
4. Submit remainder of donor unit with transfusion set.

RELEASE OF BLOOD IN EMERGENCY SITUATIONS

In an emergency, the patient's physician must weigh the risk of transfusing un crossmatched or partially crossmatched blood against the hazard of waiting for a crossmatch. Call the Blood Bank immediately with the patient's MRN and ordering physician's name. The physician must sign a release form stating the urgency and taking responsibility for requesting un crossmatched blood.

The Emergency Release form is provided and may be initiated by the Blood Bank, and is also available in the intranet. The physician must sign the Emergency Release form as soon as time is available.

Send a Type & Screen sample immediately so that routine compatibility testing can be started as soon as possible. If any compatibility problem is detected during follow-up testing, the physician will be notified immediately.

All un crossmatched units of blood will be conspicuously labeled with the label **UNCROSSMATCHED BLOOD.**

"New version created for **CAP requirement DRA.11485 (**no document changes**)**"	
References:	
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