



**Kaiser Permanente Medical Center, San Francisco
Northern California Region**

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|  Work Instruction | | |
| Title: TS Blood and Blood Products Daily Inventory | WI Number SFOWI-0022 Revision: 14 | |
| Department: Immunohematology | Document is in the Final Approval Process. 2 - approvals are required | |
| Area: 2425 Geary Blvd SFO Hospital Lab | | |
| Type of Document: Work Instruction | | Review Period - 340 Days |

PURPOSE

To perform a daily shelf check of the blood and blood component inventory. When the stock levels reach the minimum stock level, an order should be placed. If there is a nationwide shortage, a modified inventory protocol will be initiated by the pathologist or designee.

PROCEDURE

Daily Inventory

A. Perform Daily Blood Inventory and Visual Inspection on Day Shift

1. Complete Daily Inventory Control form.
2. Determine blood products to order and to be delivered before 10 AM.
3. Enter order online using blood supplier's web ordering system.
4. Inspect units for abnormal color, hemolysis, clots, no segments, broken and expired.
5. Return short dated units for credit when applicable.
6. Discard expired units or return them as appropriate to blood supplier.

B. Bimonthly Inventory Reconciliation

1. Print Inventory Search by type. Alternate between printing frozen products (expired 365 days) and printing cellular products by type (expired 42 days) every two months.
2. Physically locate each unit on the printout.
3. Document discrepancy and the resolution on a Variance Log.
4. Submit the Variance Log to be reviewed by the supervisor.

C. The Transfusion Service will maintain an inventory of the following blood and blood components:

1. Red Blood Cell

| ABO/Rh | Minimum Stock level | Special order CMV neg IRR |
|---------------|----------------------------|----------------------------------|
| O POS | 40 | 2 |
| O NEG | 16 | 2 |
| A POS | 20 | 2 |
| A NEG | 12 | 2 |
| B POS | 8 | 0 |
| B NEG | 0 | 0 |
| AB POS | 0 | 0 |
| AB NEG | 0 | 0 |

2. Fresh Frozen Plasma

| Group | Minimum Stock Level |
|---------------------|----------------------------|
| 0 | 25 |
| A | 25 |
| B | 15 |
| AB | 20 |
| Pedi FFP (Group AB) | 3 (1 set) |

3. Cryoprecipitate

| Group | Minimum Stock Level |
|----------------------|----------------------------|
| Pooled Cryo | 20 |
| Group AB random Cryo | 2 |

4. Platelets Pheresis

| Group | Stock level |
|--------------|--|
| Any | One per CV case up to 4 maximum plus two unassigned 4 on M-F day shift if no surgery Minimum 1 on holidays and weekends Minimum 2 on Swing and Night shifts |

NOTE: Rh Neg platelets should be specially ordered for Rh Neg female patients of child bearing age scheduled for next day's surgery.

5. 1 unit sterile docked with 3 transfer bags for Large Volume Neonatal Transfusion

| Group | Stock level |
|---|--|
| O NEG/O POS CPDA-1 <5 days CMV-IRR (HgbS- also if Exchange transfusion) | Order STAT when needed (If fresh is unavailable, order washed pRBC) |

6. Divided Quad Pack (4 packs) for babies < 1 years old

| Group | Stock level |
|---|---|
| O NEG CPDA-1/Adsol < 21 days CMV-IRR (NOTE: Discard aliquots on the 21 st day or 7 days before expiration) | 1 Order when only two aliquots left, or when more than one |

| |
|--|
| patient need transfusion, or when stock aliquots are 12 days from expiration |
|--|

NOTE: When placing order, specify fresh within 5 days of collection date.

D. Inventory Requirements

1. Evening shift orders next day's stock platelets to be delivered between midnight and 2 AM.
2. Each shift is responsible to replenish the platelet inventory as needed throughout the day.
3. Return platelets expiring the next day before 11 PM to blood supplier. Complete a cab voucher and call a cab. Perform Final disposition in the computer system for the platelets. Pack platelets according to *Transport and Storage of Blood Products* SOP and *Interfacility Transfer of Blood Components* SOP.
4. Stock minimum 1 platelet pheresis on weekends and holidays. Stock 2 platelet pheresis on Swing and Night shifts.
5. If group compatible platelets or cryoprecipitate is not available, other blood type is acceptable for adults. For other requirements, refer to *Platelet Transfusion* SOP.
6. For neonates, refer to *Neonatal Transfusion* SOP.
7. For special product such as washed cells, HLA and crossmatched platelets and dried platelets (except for neonates), refer to *Unusual Product Request* SOP.
8. In case of blood product shortage (platelets, O Neg or O Pos RBC etc), follow *Notification of Blood Product Shortage* SOP.
9. Factor VIIa, VIII, IX, WinRho and RhoGam are ordered by the patient's physician from Pharmacy.
10. Document blood products order other than the daily inventory on the Blood Component Ordering Log.
11. Complete Blood Center of the Pacific Audit form.

REFERENCES

- A. AABB, Technical Manual, current edition, AABB, Bethesda, MD.
- B. AABB, Standards for Blood Banks & Transfusion Services, current edition, AABB, Bethesda, MD.

Associated Documents:

External Documents

Associated Documents:

SFOFCD-0208 -- TF0011 Swing Shift Daily Duties Checklist
SFOFCD-0216 -- BF0012 Daily Inventory Control
SFOWI-0112 -- TS-Processing Blood Units for CVS and OR
SFOWI-0070 -- TS-Interfacility Transfer of Blood Components
SFOWI-0069 -- TS-Transport and Storage of Blood Products
SFOWI-0112 -- TS-Processing Blood Units for CVS and OR
SFOWI-0060 -- TS-Work Priority for Technologists
SFOWI-0063 -- TS-Notification of Blood Product Shortage
SFOWI-0107 -- TS-Unusual Product Request Policy

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Documents Generated:

Document History Section

DAILY INVENTORY CONTROL

DATE _____ Online ORDERS / fax to BCP: (415) 931-5168

Visual inspection of units performed by _____ BCP Dispensing Ph #: 415-567-2054

ATTN CLS: Arrange RBC with shortest outdate first, put yellow sticker 'USE FIRST' if less than 11 days.

| Short dated RBC (within 10 days old) | ALL SPECIAL ORDERS --- CMV --- IRR --- ANTIGEN NEGATIVE --- STATS --- TO BE CALLED | | | | | | Order CLS initial/time | Receiver initial/time |
|---|--|-------|---------|-------|-----------|---------------------------------|---------------------------|--------------------------|
| | Packed Cells | TOTAL | CROSSED | STOCK | MINIMUM | Special ORDER | | |
| | O POS | | | | 40 | Min. 2 units CMV - IRR in stock | | |
| | O NEG | | | | 16 | Min. 2 units CMV - IRR in stock | | |
| | A POS | | | | 20 | Min. 2 units CMV - IRR in stock | | |
| | A NEG | | | | 12 | Min. 2 units CMV - IRR in stock | | |
| | B POS | | | | 8 | | | |
| | B NEG | | | | 0 | | | |
| | AB POS | | | | 0 | | | |
| | AB NEG | | | | 0 | | | |

| Fresh Frozen Plasma | STOCK | MINIMUM | CRYOPOOR FP SPECIAL ORDER | ORDER | Rec'd |
|---------------------|-------|------------------|------------------------------|-------|-------|
| O | | 25 | | | |
| A | | 25 | | | |
| B | | 15 | | | |
| AB | | 20 | | | |
| Pedi FFP (Gp AB) | | 3 (1 set) | | | |

| Cryoprecipitate | STOCK | MINIMUM | ORDER | Rec'd |
|-------------------|-------|-----------|-------|-------|
| Pooled Cryo | | 20 | | |
| Gp AB random Cryo | | 2 | | |

| | STOCK | MINIMUM (M-F) | ORDER | Rec'd |
|--|-------|---|-------|-------|
| Platelets PHERESIS | | 4 if no SX on day shift (1 on holidays/ weekends 2 on Swing & Night) | | |
| NOTE: Swing shift orders 1 per CV up to 4 plus 2 unassigned | | | | |

| DIVIDED QUAD PAK | DIVIDED QUAD PAK (split into 4 aliquots from a single unit) O NEG, CPDA1 or Adsol, CMV- IRR, less than 21 days old FOR BABY Tx up to 1 yr old | | | | |
|---------------------|--|----------|--|--|-------|
| | STOCK | MINIMUM | NOTE | ORDER | Rec'd |
| O Neg | | 1 | Destroy aliquots when they are 21 days old (7 days before expiration) | When only two aliquots left, or when more than one patient need transfusion, or when stock aliquots are 12 days from expiration - Specify freshest possible within 5 days olc | |

Comments:



Swing Shift Daily Duties Checklist

Month: _____ Year: _____

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Print Auto/DD & Review Critical List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check Blood Products Inventory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Return Platelets & Keep 2 at all times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Change Provue Reagents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Perform Provue2 DAILY QC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Perform Provue2 WEEKLY & MONTHLY QC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Perform DH8 Thawer 2 WEEKLY QC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check Safe-T-Vue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check/Prepare Provue QC Samples | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Path On-call List (on Friday) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do OR Schedule | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Order Platelets for OR next day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rotate & Count Specimens | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Replenish Gel Cards & Bench supplies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refrigerate Manual Reagent Racks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check WCP (at 3p & 10p) | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |

Reviewed By: _____ Date: _____