

Allogeneic Physical Exam / Vital Signs Criteria

CRITERIA	COMMENTS	STAFF ACTION
TEMPERATURE		
	The purpose of temperature measurement in blood donors is to eliminate donors with transmissible diseases.	If temperature is not within allowable limits, allow the donor to rest and relax for a short period of time and retake temperature. Record each measurement if dual readings are taken. The original reading is on the Temperature box of the DHQ and the repeat reading is recorded on the comment section of the DHQ. Note: Do not take temperature more than twice.
Less than or equal to 37.5C	The oral temperature shall not exceed 37.5 C (99.5F).	Accept – Temperature is less than or equal to 37.5C
Greater than 37.5C	Factors that are known to influence body temperature include disease, pain, activity, emotion, and environmental conditions. Care should be taken to see that a sufficient interval elapses between smoking and the ingestion of hot or cold liquids and the time the temperature is taken.	Repeat temperature measurements greater than 37.5C after allowing the donor to remain in the waiting area for a short time to relax and equilibrate to normal conditions. Defer Temporarily – Temperature is greater than 37.5C on the repeat measurement
PULSE		
	For manual method, the pulse shall be counted for at least 30 seconds and recorded in beats per minute (multiply count by 2 to get the count per minute). The pulse should be checked for rate and rhythm.	The pulse may be repeated if it is irregular, or too high or too low. Record each measurement if dual readings are taken. The original reading is on the pulse box of the DHQ and the repeat reading is recorded on the comment section of the DHQ. Note: Do not take pulse more than twice
50-100 beats/min, regular rhythm		Accept - 50-100 beats/min, regular rhythm
49 beats/min or less	If a prospective donor is an athlete, a pulse rate as low as 45 may be accepted. An athlete is a person who runs, swims, or works out aerobically/strenuously at least three (3) times a week.	Repeat pulse measurement of 49 beats/min or less. Accept – Pulse rate 45-49 beats/min if donor is an athlete Defer Temporarily – Pulse rate 49 beats/min or less if donor is not an athlete Defer Temporarily – Pulse rate less than 45 beats/min regardless of athletic status of donor
101 beats/min or more	Allow donor to rest lying down and retake after about 5-10 minutes. Do not allow donor to smoke or drink caffeinated beverages.	Repeat pulse measurement of 101 or more beats/min. Defer Temporarily – pulse measurement is 101 or more beats/min on the repeat measurement

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Irregular Pulse	Six (6) or more skips per minute is considered an irregular pulse.	<p>Accept - If fewer than 6 skips per minute <u>and</u> donor is asymptomatic (no chest pain, shortness of breath or palpitations)</p> <p>Repeat pulse measurement with 6 or more skips per minute.</p> <p>Defer temporarily - If 6 or more skips per minute or donor has symptoms</p> <p>Refer to Medical Director or designee if questionable.</p>
BLOOD PRESSURE	<p>Some donors, especially those donating for the first time, may have an elevated systolic pressure due to anxiety.</p> <p>A prospective donor is not deferred if he has high blood pressure but is taking medication and the blood pressure is within allowable limits. The donor must be free of side effects of the drug and free of any cardiovascular symptoms.</p>	<p>If blood pressure exceeds allowable limits, allow the donor to rest and relax for 10-20 minutes and retake blood pressure. Record each measurement if dual readings are taken. The original reading is on the blood pressure box of the DHQ and the repeat reading is recorded on the comment section of the DHQ.</p>
<p>Systolic blood pressure 180 mm Hg or less</p> <p>And</p> <p>Diastolic blood pressure 100 mm Hg or less</p>		<p>Accept –</p> <p>Systolic blood pressure is 180 mm Hg or less <u>and</u> diastolic blood pressure is 100 mm Hg or less</p>
<p>Systolic blood pressure greater than 180 mm Hg</p> <p>Or</p> <p>Diastolic blood pressure greater than 100 mm Hg</p>		<p>Repeat blood pressure measurement that exceeds allowable limits.</p> <p>Defer Temporarily – blood pressure measurement exceeds allowable limit on the repeat measurement</p>

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ARM CHECK	Check BOTH arms for:	Accept - No evidence of IV drug use on either arm, and no evidence of rash, lesions or infection at venipuncture site.
	IV drug use: inspect both arms, forearms and hands for evidence of skin puncture or scars indicating addiction to IV drugs by needle.	Defer Indefinitely - Evidence of IV drug use after inspection of both arms.
	<p>Lesions and infections: Donors with boils, purulent wounds or severe skin infections on the arms should be deferred, as should anyone with purplish-red or hemorrhagic nodules or indurated plaques suggestive of Kaposi's sarcoma.</p> <p>Donors with mild skin infections such as psoriasis or a rash from poison ivy will not be deferred unless unusually extensive or present in the antecubital area.</p>	<p>Defer Temporarily - Rash, lesion or infection at site of venipuncture.</p> <p>Refer to Skin Infections or lesions (Miscellaneous questions and Conditions).</p>
<p>HEMOGLOBIN/ HEMATOCRIT</p> <p>The hematocrit is determined by Hematastat or the hematology analyzer.</p> <p>The hemoglobin level is determined by Hemocue or hematology analyzer.</p> <p>NOTE: If the hematocrit is the initial test of record then repeats tests must also be hematocrit tests. The same is true of hemoglobin. Incidental tests (tests from samples intended for other purposes, such as platelet counts) are not to be used to determine the donor eligibility to donate for hemoglobin or hematocrit.</p> <p>Hemoglobin vs Hematocrit</p>	<p>Accept or Defer according to the criteria listed.</p> <p>Accept: Hemoglobin greater than or equal to 12.5 gm/dL and less than or equal to 18.3 gm/dL Hematocrit greater than or equal to 38% and less than or equal to 55%</p> <p>Defer Temporarily: Hgb/hct <12.5 gm/dL/ < 38% or greater than 18.3 gm/dL/ 55%:</p> <p>Refer male donors with hgb/hct below 12.5 gm/dL or 38% respectively to their personal physician (Document conversation on the DHQ).</p> <p>Deferral code for elevated hgb/hct is HCE; Donor with elevated hgb or hct must have a doctor's note saying they are OK to donate before they can be accepted as a donor.</p> <p>Defer Temporarily: 2 consecutive donations < 38%/12.5 gm/dL - defer for 6 months (Document conversation on the DHQ)</p>	

Allogeneic Physical Exam / Vital Signs Criteria, Continued

CRITERIA	COMMENTS	STAFF ACTION
Hemoglobin vs Hematocrit, cont'd		<p>Defer for 6 months Men and Women: any deferral < 33%/10 gm/dL - refer to personal physician. (Document conversation on the DHQ, add deferral in SafeTrace DN-DE –HC2)</p> <p>HC2 deferrals (for two low hematocrit) will only be given if the two low hematocrit determinations are within a one year period.</p>
Incidental Determinations	Incidental determination = any lab value that is obtained after the donor has been qualified i.e., hemoglobin or hematocrit that prints out with a platelet count drawn at the beginning of the apheresis run	If hemoglobin is less than 12.5 gm/dL or hematocrit is less than 38% on a specimen drawn from a donor who has already been qualified by Hemastat/HemoCue, this incidental count does not disqualify the donor.
AGE	Prospective donors age 17 years and older may donate blood and blood components of their own accord.	<u>Accept</u> or <u>Defer</u> according to the criteria listed.
15-16 years of age at BDC	<p>Prospective donors 15 or 16 years of age may donate whole blood with written consent from the responsible adult accompanying the donor <u>and</u> authorization by a physician (or Medical Director).</p> <p>Physician authorization may be obtained verbally and documented on the consent form. If the authorization is given by phone, the screener should document: Telephone authorization by Dr. XYZ and sign and date the documentation.</p>	<p>Obtain signed Consent to Donate Blood - Minor (NS-2109) <u>and</u> responsible adult accompanying the minor should co-sign all consents including the following documents when applicable:</p> <ul style="list-style-type: none"> • Donor History Questionnaire (DHQ) <p>If a responsible person (school principle) is responsible for the signed minor consents, then one (1) signed consent per school year is acceptable for the minor donor.</p>
16 years of age at mobile drive	Prospective donors 16 years of age may donate whole blood at mobile drives with signed Minor Consent form from the responsible adult and a qualified RN lead is available.	<p>See Minor Consent procedure.</p> <p>If a responsible person (school principle) is responsible for the signed minor consents, then one (1) signed consent per school year is acceptable for the minor donor.</p>
66 years old and older	There is no upper limit for donor age. Deferral is based on medical condition, not age.	<u>Evaluate</u> and <u>Accept</u> or <u>Defer</u> depending on donor evaluation.

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WEIGHT																																						
Donors weighing 110 lbs or more	NOTE: Maximum weight on donor beds = 350 lbs.	Total volume drawn, must not exceed 550 ml including samples for testing (62 mL = 60 mL for the pouch blood and 2 mL for tubing). Total blood in the bag must not exceed 488 mL																																				
Donors weighing 100 to 110 lbs	<p>Maximum permissible volume (mL) of blood to draw = (donor weight(lbs) / 2.2 lbs/ kg) x10.5mL/kgmL – 62 mL (maximum blood in pouch + 2mL for tubing) Low volume for 500 mL bag is 333 mL -449 mL. (351 gm – 473 gm)</p> <p>MAXIMUM RED CELL VOLUME THAT CAN BE DRAWN BY WEIGHT</p> <table border="1"> <thead> <tr> <th>Donor Weight (lbs)</th> <th>Volume of Blood (mL)-62 mL samples</th> <th>Weight of Blood (gm)</th> </tr> </thead> <tbody> <tr><td>100</td><td>477-62=415</td><td>437</td></tr> <tr><td>101</td><td>482-62=420</td><td>442</td></tr> <tr><td>102</td><td>487-62=425</td><td>448</td></tr> <tr><td>103</td><td>492-62=430</td><td>453</td></tr> <tr><td>104</td><td>496-62=434</td><td>457</td></tr> <tr><td>105</td><td>501-62=439</td><td>462</td></tr> <tr><td>106</td><td>506-62=444</td><td>468</td></tr> <tr><td>107</td><td>511-62=449</td><td>473</td></tr> <tr><td>108</td><td>515-62=453</td><td>477</td></tr> <tr><td>109</td><td>520-62=458</td><td>482</td></tr> <tr><td>110</td><td>525-62=463</td><td>488</td></tr> </tbody> </table>	Donor Weight (lbs)	Volume of Blood (mL)-62 mL samples	Weight of Blood (gm)	100	477-62=415	437	101	482-62=420	442	102	487-62=425	448	103	492-62=430	453	104	496-62=434	457	105	501-62=439	462	106	506-62=444	468	107	511-62=449	473	108	515-62=453	477	109	520-62=458	482	110	525-62=463	488	Refer to Red Blood Cell Index below
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Donors weighing 99 lbs or less		<p>Defer for routine donation</p> <p>May consider special circumstances with Medical Director approval. (i.e., mother to child)</p>																																				

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Apheresis Donors		
Pre-Platelet Count		<p><u>Defer Temporarily:</u> Platelet count less than 150,000</p> <p><u>Defer Temporarily:</u> Platelet count over 600,000 See Policy for Review of Accumulated Lab Results on Plateletpheresis Donors.</p> <p><u>For donors with platelet counts over 600,000 it is recommend the donor see their personal physician.</u> Document the conversation with the donor on the DHQ and add the deferral in Safetrace DN-DE. The donor can donate again once their platelet count is within acceptable range and all other criteria are acceptable.</p>