Current Status: *Scheduled* **PolicyStat ID:** *10850817*

Origination: *2/9/2022*
Effective: *2/9/2022*
Last Approved: *1/12/2022*
Last Revised: *1/12/2022*
Next Review: *1/12/2024*
Document Contact: *Kelly Sartor: Supv, Laboratory*
Area: *Laboratory-Blood Bank*
Key Words:
Applicability: *All Beaumont Hospitals*

Critical Value Notification Policy for Transfusion Medicine

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

The purpose of this document is to identify those test results that are considered to be critical values, and to provide the Blood Bank staff with policies and procedures for communication of critical values to the patient's caregivers.

II. CLINICAL SIGNIFICANCE:

The critical values indicated below fall outside the normal range and may indicate a life-threatening situation. It is the Blood Bank policy to communicate these results to the patient's caregiver within an established time frame so that the patient can be promptly treated. This list of critical values is not meant to be inclusive of all situations in which the Blood Bank staff should communicate with the nurse, the physician, or the Blood Bank Medical Director.

III. CRITICAL VALUES:

A. The following are defined as critical values:

1. A positive Direct Antiglobulin Test (DAT) on an inpatient neonate, regardless of the strength of the DAT.
   Note: Although a positive DAT on an outpatient neonate is not considered a critical value, the positive result should be reported to the patient's physician as soon as possible and reasonable. Blood Bank technologist should contact Beaumont Laboratory Customer Service team to request assistance with notifying ordering physician.
2. A suspected acute hemolytic transfusion reaction.
3. All critical value in blood bank will be handled in accordance with Critical Test - Reporting Results/ Values and *Communicating Critical Laboratory Results.*

IV. DEFINITIONS:

A. **Acute Hemolytic Transfusion Reaction (AHTR):** a hemolytic transfusion reaction occurring within 24 hours of the administration of a component, and often during the transfusion itself. Hemolytic transfusion

reactions involve the immunologic destruction of transfused RBCs, nearly always due to incompatibility of an antigen on transfused cells with an antibody in the recipient's circulation; i.e., transfusion of ABO incompatible RBCs.

B. **Designee**: any blood bank technical director, or transfusion medicine fellow.

V. POLICIES:

A. **Documentation of Critical Values using the Appropriate Canned Message in the Blood Bank Computer System**

For all critical values observed by the Blood Bank, a technologist shall document the appropriate canned message in the Blood Bank computer system. The **CVDAT** canned message is used to document a positive DAT on an inpatient neonate, and the **CVRXN** canned message is used to document a suspected acute hemolytic transfusion reaction.

The following information is documented, as prompted by the CVDAT or CVRXN canned message:

1. The critical value / result; (i.e., positive DAT on inpatient newborn or suspected acute hemolytic transfusion reaction).
2. The name and employee number of the patient's caregiver who was notified of the critical value.
3. Documentation ("yes" or "no") that the Verification Read-Back occurred; see the policy *Verification Read-Back*. If the patient's caregiver does not read-back the critical value information, then the technologist shall ask the caregiver to do so. If the caregiver refuses to read-back the critical value information, then the technologist will submit a *QSR Variance Report*. Document the initials of the technologist who reported the critical value, and the date and time of the notification.
4. For a suspected acute hemolytic transfusion reaction, the date and time that the Blood Bank Medical Director (MD) or designee was notified, and the name of the MD or designee. Also, the Medical Director's or designee's directions.
5. Any additional notes or details.

B. **Technologist Responsible for Notification of Critical Value**

The technologist responsible for notifying the patient's caregiver of a critical value is:

1. The responsible technologist for positive DATs on inpatient neonates is the technologist who performs the neonatal DAT.
2. The responsible technologist for suspected acute hemolytic transfusion reactions is:
    a. The technologist who observes significantly more hemolysis in the 2nd post-reaction sample (if the 1st post-reaction sample is hemolyzed, a 2nd post-reaction sample should be collected), or
    b. The technologist who otherwise first becomes aware that the patient may be experiencing an acute hemolytic transfusion reaction.

C. **Notification of the Blood Bank Medical Director (MD) or Designee**

The Blood Bank Medical Director shall be notified immediately of a suspected acute hemolytic transfusion reaction. If the MD cannot be notified, then the designee of the MD shall be notified immediately. Notification of the MD or designee, and the MD's directions, shall be documented in the CVRXN canned message.

D. **Acceptable Time Frame for Notification of a Critical Value**

Critical results are communicated within 30 minutes or as early as possible.

E. **Appropriate Person to Notify of a Critical Value**

1. A licensed caregiver who is assigned to the patient must be notified of the critical value; e.g., the patient's physician or nurse.
2. Critical value results that are accepted by a nurse are then reported by the nurse to a physician/ designee.
3. See also Notification of the Blood Bank Medical Director (MD) or designee.

F. **Verification Read-Back**
A verification read-back shall occur when a critical value is reported. This verification read-back means that:

1. When a test result or report is *communicated* by telephone, the caller shall ask the person receiving the report to repeat the information back to the caller.
2. When a test result or report is *received* by telephone, the results must be repeated by the person receiving the call to the caller.

G. **Monitoring**
The Blood Bank Supervisor or designee will audit the timeliness of critical value notifications.See also *Notification of the Blood Bank Medical Director (MD) or designee.*

VI. REFERENCES:

1. AABB Technical Manual, current edition
2. Joint Commission: National Patient Safety Goal 02.03.01 - Report critical results of tests and diagnostic procedures on a timely basis.

Attachments

Critical Value Notification Form - Troy.pdf

Approval Signatures

Step Description	Approver	Date
	Muhammad Arshad: Chief, Pathology	1/12/2022
	Ryan Johnson: OUWB Clinical Faculty	1/7/2022
	Jeremy Powers: Chief, Pathology	1/6/2022
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Step Description	Approver	Date
	Craig Fletcher: System Med Dir, Blood Bank	1/4/2022
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	Anji Miri: Supv, Laboratory	12/8/2021
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Applicability

Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Taylor, Trenton, Troy, Wayne