Status Scheduled PolicyStat ID 11807690

Beaumont

Origination	6/22/2022
Last Approved	6/7/2022
Effective	6/22/2022
Last Revised	6/7/2022
Next Review	6/6/2024

Document Contact	Kelly Sartor
Area	Laboratory-Blood Bank
Applicability	Dearborn

Communication with the Patient's Caregivers - Dearborn Blood Bank

Document Type: Policy

I. PURPOSE AND OBJECTIVE:

This document will provide a list of potential situations when the Blood Bank should communicate with the patient's caregivers and describes the appropriate methods for documenting the communication.

II. DEFINITIONS:

A. **Designee**: A Blood Bank technical director or transfusion medicine fellow.

III. POLICIES

A. Method to Document Communication

1. In most cases, the appropriate method of documentation is described in the applicable policy. For those cases that may not be addressed in a policy, the communication may be documented by one of the methods described below:
    a. In the Blood Bank computer, as a comment to the applicable test, donor unit, patient demographic record, etc.
    b. White Communication Board
    c. Epic Order Transmittal (commonly referred to as the "shingle")
    d. Downtime Communication Log

B. Policy to Document Communication

1. When communication is made with the patient's caregivers, the communication shall be documented. This documentation should include the following:
    a. The technologist's initials.
    b. The date and time.
    c. The person's name with whom the communication occurred.
    d. A brief description of the communication.
    e. Documentation that verification read-back occurred (if applicable); see the *Policy for Verification Read-Back*, below.

C. Policy for Verification Read-Back

1. When test results or reports are communicated verbally or by phone, a verification "read-back" of the results should be used. This verification read back means that:
    a. When a test result or report is received by telephone, the results must be repeated by the person receiving the call to the caller.
    b. 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. Note that the verification read back must be documented in the following situations: critical value notifications and massive transfusion/emergency issue communications.

D. Indications for Communication with the Patient's Caregiver

1. Following is a list of situations when communication with the patient's caregivers is indicated. All communications must be documented.
    a. When a technologists becomes aware of a suspected acute transfusion reaction. Note that this is defined as a critical value. As described in Transfusion Medicine policy, Critical Value Notification Policy for Transfusion Medicine, this communication shall be documented using the critical value canned message in the Blood Bank computer.
    b. Upon completion of a transfusion reaction evaluation. As described in Transfusion Medicine policy, *Laboratory Investigation of a Suspected Transfusion Reaction*, this notification shall be documented on the *Suspected Transfusion Reaction Evaluation Form*.
    c. Whenever a neonatal Direct Antiglobulin Test (DAT) is positive, regardless of the strength. If the neonate is an:
        i. In-patient, then this result is defined as a critical value. This communication shall be using the critical value canned message in the Blood Bank computer.

ii. Out-patient, then the ordering physician should be notified as soon as possible and reasonable. This notification may be documented as a comment to the DAT test in the Blood Bank computer system.

d. If the DAT of a patient greater than four months old is positive with a strength of 2+ or greater, then the patient's caregiver will be notified. This notification may be documented as a comment to the polyspecific DAT in the Blood Bank computer. Refer to Transfusion Medicine policy, Direct Antiglobulin Test (DAT) by Tube Method.

e. When the patient's caregivers call to initiate the massive transfusion protocol (described in Transfusion Medicine policy, *Providing Blood Components for Massive Transfusion*) or to request emergency issue blood components (described in Transfusion Medicine policy, Emergency Issue of Blood Products) the *Blood Bank Communication Form for Massive Transfusion or Emergency Issue* shall be used for this purpose.

f. Whenever an incompatible unit must be transfused for a patient with unexpected antibodies the patient's physician must be notified. This notification shall be documented in the Blood Bank computer using a canned message.

g. Upon the discovery of an incompatible crossmatch following the dispense of a red blood cell unit in an emergency. See Transfusion Medicine policy, Serologic Crossmatching of Red Blood Cells for additional information. This communication shall be documented in a variance.

h. To clarify a request for components, tests, tissue, or derivatives that is not complete, accurate, and legible. The communication may be documented by an appropriate method; i.e., as a comment in the Blood Bank computer, a handwritten notation on the tissue request, etc.

i. Before thawing cryoprecipitate, to verify that the caregivers plan to transfuse before the expiration time of the cryoprecipitate. If the component is not transfused / issued within one hour prior to the expiration time, then the Blood Bank will call again in an attempt to minimize wastage. The communication may be documented on the shingle.

j. Whenever the Blood Bank rejects a specimen, as described in Transfusion Medicine policy, Triaging and Identifying Acceptable Blood Samples for Testing. This notification shall be documented on the *Blood Bank Specimen Rejection Log*.

k. Whenever there are concerns related to F-1564, the Blood Product Dispense Form. This communication should be documented in a Variance.

l. Whenever an Rh incompatible component is dispensed for an Rh negative patient who is a female 50 years old or less, or a male 18 years old or less. This occurrence shall be documented in a variance.

m. Upon detection of a positive antibody screen or history of a positive antibody screen that has the potential to delay the Blood Bank in providing blood components for a patient. A comment is added to the antibody screen test, indicating that there may be a delay. If there will be an extensive delay in providing blood components, the patients' caregiver must be verbally notified.

n. The Labor and Delivery charge nurse shall be called to ensure a cord blood

evaluation is collected and ordered for an obstetrical patient who is likely to deliver if she has a positive antibody screen or a history of unexpected antibodies, or if the mother is weak D positive. Refer to Transfusion Medicine policies, Cord Blood Evaluation and Rh Immune Globulin Evaluation for additional information.

o. To obtain a patient's transfusion or antibody history for patients who have antibody problems or who are known to the Blood Bank to have sickle cell disease. This history is documented in the Blood Bank computer system using a canned comment. Refer to Transfusion Medicine policy, Obtaining Patient Histories.

p. If the Blood Bank is unable to obtain a component that meets a patient's special needs; i.e. CMV negative platelets that are ABO-plasma compatible with a neonate, or RBC units that are negative for antigens corresponding to a patient's unexpected antibodies. This communication is documented on the white communication board and with an internal variance.

q. If the Blood Bank communicates with the Medical Director (MD) or designee, the communication may be documented in the blood bank computer or on a variance. This documentation shall include the following:

    i. Technologists initials
    ii. Date and time of the communication
    iii. The MD or designee's name
    iv. Instructions given by the MD or designee, if applicable.

r. If a test result is corrected, then the flowing apply:

    i. The Blood Bank shall telephone the corrected report to the patient's caregivers. A comment shall be added to the corrected test result. Note that the canned message **CORR** is used for this purpose in SoftBank. This message includes the original test results, the caregiver's name and the date and time of notification, and the technologist's name.
    ii. Corrected reports must be documented for the following corrections:
        A. Blood type correction
        B. Antibody screen correction
        C. Antibody specificity correction
        NOTE: If an antibody specificity changes from a TWTI to a Warm IgG, a corrected report does NOT need to be called.
        D. DAT correction
        E. Patient Phenotype correction
    iii. A variance shall be documented to indicate that a result was corrected.

s. If a warning message appears in SoftBank indicating that the wristband belongs to another patient (at Troy or Grosse Pointe), then the sample is triaged with two "B" prefixes in SoftBank; e.g., BB1234X. The technologist who triages the sample in this case should notify the patient's caregivers, and should document this notification as a comment (CMTXT) and on an electronic variance report.

Approval Signatures

Step Description	Approver	Date
	Jeremy Powers: Chief, Pathology	6/7/2022
Policy and Forms Steering Committe (if needed)	Kelly Sartor: Supv, Laboratory	5/31/2022
Policy and Forms Steering Committe (if needed)	Gail Juleff: Project Mgr Policy	5/31/2022
	Kimberly Geck: Dir, Lab Operations B	5/30/2022
	Kelly Sartor: Supv, Laboratory	5/27/2022
	Kelly Sartor: Supv, Laboratory	5/27/2022