# Applicable Laboratory(s)):

[x]  North Carolina Baptist Hospital (NCBH)

[ ]  Lexington Medical Center (LMC)

[ ]  Davie Medical Center (DMC)

[ ]  Wilkes Medical Center (WMC)

[ ]  High Point Medical Center (HPMC)

[ ]  Westchester

[ ]  Clemmons

# Procedure Statement

The purpose of this policy is to provide guidelines for notification to patient care team of critical values (positive antibody screens/acute hemolytic transfusion reactions) to support the care of the patient.

# Scope

This policy applies to

i. Protocol owner/Implementer: Julie H. Simmons/ Christina S. Warren

 ii. Protocol prepared by: Julie Simmons

 iii. Who performs protocol: Department staff/management

# Definitions

1. Policy: As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBH.  A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBH, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.
2. WFBH Lab System: Wake Forest Baptist Lab System is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Lab at Westchester and Lab at Clemmons.
3. Citical Value: Any positive reaction that would result in **delays** in obtaining compatible blood products resulting from clinically significant antibodies or finding of hemolysis in a transfusion workup or positive DAT in a newborn.
4. Acute Hemolysis: Acute hemolysis due to red cell incompatibility
5. STAT Locations: ED, ICUs, ORs including extensions, labor and delivery/newborn nursery.

# Policy Guidelines

1. It is the responsibility of the laboratory staff to communicate critical values in a timely manner to the appropriate individuals.
2. Routine Testing – Critical values must be reported promptly to the nurse, physician or mid-level provider responsible for the patient.
3. This pertains to both in-house and out-patients.
4. Testing that cannot be resolved in a timely manner (using a panel or selected screen) must be reported to the manager/designee/medical director.
5. STAT testing—Examples: specimens from the operating rooms, intensive care units, emergency department, multiple calls for blood availability, cord blood or newborn TSX, etc.
6. The patient care team must be notified immediately when a critical value is obtained on a STAT specimen (examples: positive antibody screen in OR, ED, ICU, L&D or positive DAT on newborn).
7. Document the call on the request form with date/time and name of person notified.
8. Notify management or designee via email if first panel is inconclusive.
9. Emergency Release blood will be offered when blood is needed before testing is complete.

2. All STAT orders must be called to the area by Blood Bank when testing/preparing is completed.

a. ORC can be notified by Wake paging.

D. STAT LOCATIONS (ED, ICUs, ORs, L&D)

1. ALL order received with products (rbc, plts, plsma, cryo) from STAT locations must be considered STAT and called to the area after testing/preparation completed by Blood Bank.

a. It is possible in these STAT locations that the order can be received with a “routine” priority. Ignore the “routine” and complete the order as a STAT request and call the results to the area that blood product is available for pick up.

2. Document date/time/name of person notified in the blood bank LIS or on paper requisition.

E. All transfusion reactions (with the exception of mild allergic reactions) are reported

Immediately to the medical director or pathologist (resident) on call.

1. The medical director or pathologist (resident) will contact the patient’s care team.
2. Evidence of acute hemolysis in a transfusion reaction must be reported immediately to the medical director or pathologist (resident).
3. Positive gram stains on a product are reported immediately to the medical director or pathologist (resident).

*Refer to Routine: Investigation of Suspected Adverse Reactions to Transfusion.*

# References: NA

# Related policies/procedures: NA

# Attachments/Linked documents (title 21): NA

# Revision Dates: Review Change Summary as represented in Title 21.