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| **Extended Type and Screen for Pre-Surgical Patients** | | | | | | |
| **Purpose** | This process describes the activities required to extend a type and screen specimen out to 30 days for a pre-surgical patient. | | | | | |
| **Policy Statements** | * A Type and Screen is the required pre-transfusion testing for patients greater than 8 days old receiving transfusion of red blood cell products.   1. Patients 8 days to 4 months required testing once per admission.   2. Type and screen accession numbers may be extended to 30 days at the request of the physician if the patient is confirmed not to have been transfused or pregnant in the past 3 months.   3. If the patient has been transfused or had a pregnancy in the past three months the type and screen cannot be extend past the three days.   4. If the patient has a history of a clinically significant antibody the type and screen cannot be extend past the three days. * A request for a Type and Screen requires that the patient’s sample be tested for ABO, Rh, and unexpected antibodies. Red Cell units are not tested for compatibility unless requested by the provider. * A minimum of one unit of ABO/Rh compatible red cells must be available in Children’s inventory for each current Type and Screen order. * A minimum of one unit of ABO/Rh compatible and antigen negative red cells must be available for each Type and Screen order on patients with a clinically significant antibody(s) or history of clinically significant antibody(s). * The original patient armband that the type and screen specimen was verified with needs to be either on the patient or with the patient. * If the original armband is not available a new type and screen needs to be obtained. | | | | | |
| **Test Codes** | TYAS-[Type and Screen](http://www.childrensmn.org/Manuals/Lab/TransfusionSvc/012748.asp) | | | | | |
| **Process** |  | | | | | |
|  | Activity | | | | | Related Document |
|  | 1 | Receive and evaluate the order. | | | | TS 1.2 Evaluation of Orders |
|  | 2 | Review patient history. | | | | TS 1.3 Reviewing Patient History |
|  | 3 | Receive and process the patient sample. | | | | TS 2.1 Specimen Management |
|  | 4 | Perform ABO, Rh, and Antibody Screening.  Perform problem resolution as required. | | | | TS 4.16 ABO Grouping  TS 4.17 Rh Typing  TS 4.19 Antibody Screening -Gel |
|  | 5 | Determine if type and screen date can be extended   |  |  | | --- | --- | | **If** | **Then** | | Yes | Change EXX to date of surgery not exceeding 30 days. | | No | Call ordering provider and say patient’s type and screen cannot be extended past 3 days due to the following.   * Had a transfusion in the past 3 months * Had been pregnant in the last 3 months * Has a clinically significant antibody * Transfusion History unknown | | | | | [Extended Type and Screen Form](https://starnet.childrenshc.org/references/labsop/ts/res/sysf/tsf-03.02.1-extended-crossmatch-form.pdf) |
|  | 6 | Determine if Red Cell products are ordered.   |  |  | | --- | --- | | **If** | **Then** | | Yes | Change UO default of zero to the number of units requested in BOP under the Patient Sample tab.  Refer to TS 3.4 or 3.5 for product selection and allocation. | | No | Confirm at least one unit of ABO identical and Rh compatible is available in inventory | | | | | TS 3.4 Crossmatch (Request for Red Cells, Patients > 4 months)  TS 3.5 Red Cell Orders for Patients < 4 months |
|  | 7 | Store the sample in the blood bank refrigerator. | | | | TS 2.4 Sample Storage & Retrieval |
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| **Approval**  **Workflow** | Transfusion Service/Medical Director | | | | | |
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| **Historical Record** | **Version** | | **Written/Revised by:** | **Effective Date:** | **Summary of Revisions** | |
| 1 | | S. Cassidy | 01/02/2017 | Initial Version | |
|  | 2 | | S. Cassidy | 01/16/2019 | Added statement about original armbands | |