Blood Bank Huddle Notes

01/04/2024

Please make sure you sign online at the MTS site.

I. QUALITY

It might seem like these items are small and insignificant, however each one of these events represents a deviation from protocol and consequently a risk to our patients. Patient safety and quality are still the standards for the Troy Blood Bank.

a. Quality Events

i. RhIG date not added on the antibody screen.
ii. RhIG action not ordered on a candidate and the patient was discharged w/o getting RhoGAM.
iii. No documentation that Rhogam is ready, and the RN was called as an internal comment on the Rhogam candidacy.
iv. Patient with a history of an anti-D. The tech ran the gel panel A on the vision with the lot # VR446 but documented the results on the antigram for the 3% Panel A lot # RA228.
v. B NEG RBC unit expired on the shelf. No documentation that RO or DBN was contacted to take the unit.
vi. The tech antigen typed the patient for C, E,K and the patient was found to be C pos but the tech did not remove the SICC code.
vii. TS resulted w/incorrect band number. Then discovered and order outdated after resulted but with no comments.
viii. Even though there were negative reactions in gel, the tech resulted a patient as having a PRESV. This is not a PRESV and was changed to a TWTI.
ix. Patient is a BMT recipient so he has a type discrepancy that requires override. He forwards as an O but reverses as an AB. The tech did not have override so she needed to do ISXM due to the ABO discrepancy. She only did gel XM for both units. This was discovered when the units were being issued by the following shift- the ISXM had to be performed at the time of issue.
x. Delay comment missing
xi. Coolant replacement not documented on Record of Transfusion
xii. Versiti phenotype report took over 11 days to be entered
xiii. Rhig refusal not documented
xiv. Daily checklist missing initials

II. EDUCATION

a. New processes/procedures

i. **Patients with GND** – three different ways to handle this situation
   1. Emergency Issue O negatives
      a. Order EIR in Patient > Order > Modify
      b. Perform ISXM
      c. Emergency issue the unit in SoftBank
      d. The caregiver must be made aware that the unit is being emergency issued due to patient's ABO/Rh status
   2. Modification of Crossmatch
      a. In Patient > Order > Modify change the crossmatch to ISXM
      b. Select the unit in SoftBank
      c. Perform and document the ISXM
      d. Issue the unit as usual (non-emergency).
   3. Call Lead Tech at Royal Oak or Dearborn and ask them to perform an override.

b. Cold Reacting Antibodies – Update/Reminders

i. An investigation for patients with historical or suspected cold reacting antibodies is required every three months. This investigation is required every three months if unexpected reactivity is observed in the reverse ABO type, the antibody screen, or immediate-spin crossmatch (e.g., observed in a post emergency-issue crossmatch).

ii. If an incompatible crossmatch is observed on a patient with a cold reacting, non-specific antibody, and an investigation has not been done in the last 30 days, then an investigation must be performed on the current sample.

iii. If the antibody screen is reactive, a gel panel is performed to attempt to identify any clinically significant antibodies that may be present.

1. In addition, an all-phase tube panel is performed. The purposes of this panel is to determine whether a cold reacting antibody is present, to attempt to identify the specificity of the cold reacting antibody, and to determine whether the antibody is reacting at the AHG phase.
2. The all-phase tube panel is read at the following phases: I.S., RT, 37°C, AHG, and CC. An additional incubation and reading at the 4°C phase may be performed.

iv. When crossmatching for a cold antibody, perform gel crossmatches. Continue to gel crossmatch up to a reasonable number of units (6).

v. A reasonable number of crossmatches for patients with an insignificant cold reacting antibody (without identified, clinically significant antibodies) is 6 units.

III. Reminders

a. Cord Blood Evaluation

i. This specimen is considered an ***irretrievable sample***. That means we will accept the cord blood sample even if it is not labeled with the N# or does not have the mother's label on it.

1. Cords are not used for transfusion purposes.
2. Never acceptable for testing on multiple births (twins, triplets, etc.)
3. Write a QSR if you received a mislabeled specimen.

b. RhoGAM

i. Do not need a band number for dispensing of RhoGAM.

ii. Order the RhoGAM action if the patient is a RhoGAM candidate, call the RN to tell her the RhoGAM is ready and document everything in Soft Bank.