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Communication with Patient's Caregivers - Troy Blood Bank

Document Type: Policy

I. PURPOSE AND OBJECTIVE:

The purpose of this procedure is to provide a non-exhaustive list of situations when the Blood Bank should communicate with the patient's caregivers. This document also describes the appropriate methods for documenting the communication.

II. DEFINITIONS/ACRONYMS:

1. **MTP**: Defined loosely as the rapid administration of a volume of red blood cells roughly equivalent to a "normal" person's RBC volume. Approximately 10 units of RBCs in a 24 hour period.
2. **DAT**: Serologic test to detect red blood cells (RBCs) that are coated with complement and/or antibodies in the body. The test is also known as the "Direct Coombs" test or simply by the abbreviation "DAT."
3. **Critical value:** is a value of a laboratory test that indicates a serious risk to the patient.
4. **Emergency Issue (EI):** Release of blood and blood components for a patient without the completion of the pretransfusion testing.
5. **Health information system (HIS):** Refers to a system designed to manage health care data. This includes systems that collect, store, manage and transmit a patient's electronic health record, a hospital's operational management or a system supporting health care policy decisions.
6. **QSR (Quality Safety Report):** Report made in the hospital incident reporting system (i.e. RL Solutions) regarding any process/incident inconsistent with the routine operation of the hospital or the routing care of patients in any setting. This includes errors that result in actual or potential injury to a patient or visitor, including near misses or unsafe conditions.

7. **Internal Variance**:Report made internally in the Blood Bank for documentation of an incident such as error detected, accident, complaint, unplanned deviation, or incident for review, evaluation, investigation, and correction.
8. **Designee**: Any Blood Bank technical director, or transfusion medicine fellow.
9. **ADELX:** Comment added to patient's antibody screen that informs the caregiver that due to the patient's antibody, there will be an extensive delay before RBCs are available.
10. **ADELY:** Comment added to patient's antibody screen that informs caregiver that the patient has an antibody(ies) that have the potential to cause a delay in having blood available.
11. **CORR**: Comment added to the patient's result that informs the caregiver that there has been a correction to one or more results.
12. **TWTI:** Antibody that is too weak to identify.

III. POLICIES:

A. Policy to Document Communication

When communication is made with the patient's caregivers, the communication shall be documented. This documentation should include the following information:

1. The technologist's initials.
2. The date and time.
3. The person's name with whom the communication occurred.
4. A brief description of the communication.
5. Documentation that verification read-back occurred (if applicable); see the Transfusion Medicine policies, III.C *Policy for Verification Read-Back*.

B. Method to Document Communication

The communication to a patient's caregiver shall be documented by one of the methods described below:

1. Using the form, *Special Studies Worksheet*.
2. In the Blood Bank computer, as a comment to the applicable test, donor unit, patient demographic record, etc.
3. On the *Blood Bank Shift to Shift Communication Log*.

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 when a test result or report is *received* by telephone, the results must be repeated by the person receiving the call to the caller.
2. 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. The verification read back *must* be documented during Critical Value Notifications and Massive Transfusion/Emergency Issue communications.

D. Indications for Communication with the Patient's Caregiver

The following is a non-exhaustive list of situations when communication with the patient's caregivers is indicated. All communications must be documented.

1. When a technologists becomes aware of a **suspected acute transfusion reaction**. This is defined as a critical value. As described in Transfusion Medicine policy, Critical Value Notification Policy, this communication shall be documented using the critical value canned message **(CVRXN)** in the Blood Bank computer.
2. 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.*
3. Whenever a neonatal **Direct Antiglobulin Test (DAT) is positive**, regardless of the strength.
    a. If the neonate is an **in-patient,** then this result is defined as a critical value. This communication shall be using the critical value canned message **(CVDAT)** in the Blood Bank computer.
    b. If the neonate is an **out-patient,** a positive DAT is not considered a "critical value" but, 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.
4. If the **DAT of a patient greater than four months old is positive with a strength 2+** or greater, then the patient's caregiver should 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 Testing for Patients greater than Four Months Old.*
5. When the patient's caregivers call to initiate the **massive transfusion protocol (MTP)** as described in Transfusion Medicine policy, *Providing Blood Components for Massive Transfusion* or to **request emergency issue blood components** as described in Transfusion Medicine policy, *Emergency Issue.* The form*, Blood Bank Communication during MTP or EI*, shall be used for this purpose and to document the verification read-back.
6. When the patient's caregiver calls to initiate a **callback when blood is ready.** The Patient's information (name and medical record number (MRN)) along with the registered nurse (RN's) information (call back number and date/time) shall be documented on Transfusion Medicine form, *Call When Blood is Ready Log.*
7. 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 on a Blood Bank Internal Variance Report; Incompatible RBCs.
8. Upon the **discovery of an incompatible crossmatch following the dispense** of a red blood cell unit in an emergency. See Transfusion Medicine policy, *Crossmatching RBCs - Post Issue* for

additional information. This communication shall be documented electronically in a QSR or Internal Variance Report.

9. To **clarify a dispense request** for components, tissue, derivatives or tests that are not complete, accurate, and legible. The communication may be documented by an appropriate method; i.e., as a comment in the HIS, a handwritten notation on the shingle, note on the dispense form, etc.
10. When the patient's caregiver calls or Blood Bank discovers that a patient has been **treated with Darzalex**. This notification shall be documented on the Transfusion Medicine form, *Notification of Patient Treatment with Darzalex.* A comment text is added to the patient's chart and will display in the patient's caution window.
11. **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.
12. Whenever the Blood Bank **rejects an Emergency Center specimen**, as described in Transfusion Medicine policy, Triaging and Identifying Acceptable Blood Samples for Testing. This notification shall be documented in a QSR or Internal Variance Report.
13. 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 on in a QSR or Internal Variance Report.
14. 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. The **ADELX** or **ADELY** comment should be added to the patient's antibody screen after the caregiver has been notified of the delay. This notification shall be documented on the Transfusion Medicine form, *Special Studies Worksheet*.
15. The Family Birth Center RN shall be called to ensure **cord blood collection** from 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 policy, *Hemolytic Disease of the Newborn Survey* and to Transfusion Medicine policy, *Rh Immune Globulin Evaluation* for additional information.
16. When **RhIG is available** for a patient document a comment on the patient's RhIG candidacy. Include the name and employee ID number of the RN that took the call. This applies to antepartum and postpartum RhIG.
17. 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 on the Transfusion Medicine form, *Special Studies Worksheet.*
18. If the blood bank **communicates with the Medical Director (MD) or designee**, the communication may be documented electronically in a QSR (Variance Report RL) or Internal Variance Report. This documentation shall include the Technologists initials, date and time of the communication, the MD or designee's name, instructions given by the MD or designee, if applicable.
19. If a test **result is corrected**, then the Blood Bank shall telephone the corrected report to the patient's caregivers. A comment shall be added to the corrected test result. The canned

message **CORR** is used for this purpose in SOFT. This message includes the original test results, the caregiver's name and the date and time of notification, and the technologist's name.

a. Corrected reports must be documented for the following corrections:
    i. Blood type correction
    ii. Antibody screen correction
    iii. Antibody specificity correction
    iv. DAT correction
    v. Patient Phenotype correction

NOTE: If an antibody specificity changes from a TWTI to a Warm IgG, a corrected report does NOT need to be called. A QSR or Internal Variance Report shall be documented to indicate that a result was corrected.

IV. REFERENCES:

A. AABB, *Technical Manual*, current edition.

B. AABB, *Standards for Blood Banks and Transfusion Services*, current edition.

Attachments

Blood Bank Shift to Shift Communication Log.pdf

Notification of Treatment with Darzalex.pdf

Special Studies Worksheet.pdf

Approval Signatures

Step Description	Approver	Date
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Policy and Forms Steering Committe (if needed)	Teresa Lovins: Supv, Laboratory	1/15/2024
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