	Origination	5/16/2022	Document	Karrie Torgerson:
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Providing Emergency Blood Products for Neonatal and Infant Transfusion

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

The purpose of this document is to provide the Blood Bank staff with directions for the emergency selection and issue of blood components for neonatal and infant transfusion at Farmington Hills, Grosse Pointe, Trenton and Wayne. This includes special transfusion requirements and ABO/Rh compatibility considerations.

II. DEFINITIONS:

- A. Neonates: infants from birth through four months of age.
- B. Infants: As used in this document the term infant applies to patients who are greater than 4 months old and who weigh less than 25kg.
- C. CMV: Cytomegalovirus

III. POLICIES

- A. If the request is urgent, blood products should not be withheld to meet the special requirements. Document a variance and notify the supervisor.
- B. It is not common practice for neonates to be transfused at this facility. In the unlikely event there is an urgent need, a "Baby Bucket" has been made for such an emergency. The bucket includes:

- 1 O negative, Sickle negative, CMV negative, Irradiated Red Blood Cell (RBC)
- 1 30cc syringe and 1 60cc syringe
- Emergency Issue paperwork and a copy of the face label of the RBC unit and a retained unit segment
- C. Units will be assigned and emergency issued to the infant or neonate. If products are required prior to them being registered in the Hospital Information System, units will be issued under the mother and will be recouped when the neonate has been registered. In this case, clearly write "Baby Of" above the mother's Medical Record Number on the blood product p-tag.
- D. Transfusion Policies Specific to Neonates
 - 1. One RBC unit that is O negative, CMV negative, Sickle negative, Irradiated is kept in the "baby bucket" in the refrigerator. It should be less than 10 days old (if possible).
 - 2. Platelets, plasma, and cryoprecipitate transfused to neonates and infants must be ABO-identical or ABO-plasma-compatible and fresh. The following table lists the blood group of ABO-plasma-compatible platelets, plasma, and cryoprecipitate

ABO-Plasma-Compatible Platelets, Plasma, and Cryoprecipitate

Neonate/Infant ABO Type	Blood Group of ABO-Plasma-Compatible Platelets, Plasma, and Cryoprecipitate		
0	O, A, B, or AB		
Α	A or AB		
В	B or AB		
AB or Unknown	AB		

If an ABO-identical or an ABO-plasma-compatible platelet, plasma, or cryoprecipitate is unavailable and cannot be procured in a timely manner, then the requesting physician will be notified. **Blood components should not be withheld to meet these requirements.** The Transfusion Services Medical Director's (MD) may be contacted. A variance should be documented on a variance and the supervisor notified.

AB Fresh Frozen Plasma and a single volume AB cryoprecipitate are kept in the freezer for neonates to be freshly thawed if needed.

IV. PROCEDURE:

- A. When the blood bank receives a call for blood components for an infant transfusion the tech will:
 - 1. Document what components are requested.
 - 2. If red cells are needed, the contents of the Baby Bucket will be placed in a cooler and Emergency Issued.
 - 3. If plasma or cryoprecipitate are requested, begin thawing the appropriate product based upon the table above. Once thawed, Emergency Issue the component.
 - 4. If platelets are requested, give the syringes from the Baby Bucket along with the platelet. The blood bank will make every attempt to issue the most appropriate

platelet product due to current inventory. The requesting physician will be notified if the product is not ABO compatible. In these rare instances the Transfusion Medical Director may be contacted. Emergency Issue the product.

V. REFERENCES:

- 1. AABB Standards for Blood Banks and Transfusion Services, current edition
- 2. AABB Technical Manual, current edition

Approval Signatures

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Applicability

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