Methodist Health Services Corporation & UnityPoint Health Methodist Laboratory BLOOD BANK	Page # 1 of 1	Section: UPM BB POL	Policy #: 01.018
	Approved by: see signature block at end of policy		Date: 2/18/17
	Date Revised: 2/18/17, 5/25/16, 7/8/14, 6/6/12, 09/09/04		
	Date Reviewed:		
	Policy/Revision Submitted by: Vincent Strow / Kathy Turpin		
	JCAHO Standard: NA		

POLICY GUIDELINE ON: **Patients Receiving Anti-D for Treatment of ITP; Releasing Anti-D to Pharmacy for Treatment of ITP, and Transfusion Requirements**

I. POLICY:

Rh positive patients with immune thrombocytopenia (ITP) may receive intravenous immune globulin (IVIG) such as anti-D (WinRho, RhoGAM, Rhophylac, RhIG) for treatment. This is separate and distinct from administration of RhIG to Rh negative patients for antepartum and postpartum prophylaxis, and the testing requirements for transfusing a patient undergoing IVIG are different from the requirements for Rh negative patients with passive anti-D.

II. PURPOSE:

To establish the quidelines for releasing of Rh immune globulin to pharmacy for administration in cases of IVIG, as well as outline the pre-transfusion testing necessary for crossmatching.

III. POLICY SCOPE:

This policy applies to all Blood Bank technologists.

IV. GENERAL INFORMATION:

Anti-D immune globulin is given to D positive patients with ITP. Anti-D attaches to the patients D positive red blood cells (RBCs) and is generally accepted to increase platelet counts through competing with IgG coated platelets for binding sites, saturating macrophage Fc receptors with anti-D coated RBCs and allowing platelet counts to rise.

When transfusing the patient who has received anti-D, the testing can be modified and/or shortened from traditional testing when an antibody has been identified. Because this is a passive antibody which will drop to undetectable levels in approximately one month, the need for giving Rh negative units will be determined by the patient physician and a Pathologist. Win-Rho may also contain trace amounts of Anti-A, Anti-B, Anti -C, and Anti-E, which should be kept in mind when doing the antibody panel for antibody identification.

V. PROCEDURE:

A. Issuing RhIG to Pharmacy for treatment of ITP

1. If unable to fill the order, Pharmacy shall contact Blood Bank and request the number of vials necessary for an appropriate dose. **Under no circumstances shall Blood Bank calculate the dosage, or the number of vials required.**
2. Blood Bank shall fill out the RhIG pickup request form with the the lot number, and the expiration date, and the number of vials to be issued, then notify Pharmacy that it is available for issuing.
3. Pharmacy shall pick up the RhIG, sign the request form, and the RhIG shall be shipped out from Blood Bank's inventory system in order to reflect the new inventory level. Leave for lead tech to review if necessary.

B. Testing required for patients who will be receiving Rh-positive units

1. Perform an ABORh
2. Perform an antibody screen (using the primary method of detection)
   a) If negative, proceed to step 3.
   b) If positive, run the D negative screen from Ortho Panel A. If this panel is negative for all other clinically significant antibodies, proceed to next step. When resulting out the antibody panel, enter a positive result with a footnote, which says "Initial screening suspect anti D due to RhIG received on XX/XX/XX. Subsequent screening using D negative cells shows no clinically significant antibodies." Or other such comment as is appropriate to the LIS, in such a way that is easily retrievable.
3. Perform an immediate spin crossmatch with Rh positive units. Record reactions.
   It may be necessary to record an incompatible result for the crossmatch. **In vivo crossmatches are not necessary** when transfusing incompatible Rh positive units.
4. Before any unit is transfused, the physician must give verbal consent.
   Record the verbal consent on the Incompatible Transfusion Form. This form will suffice for any further incompatible units the patient will receive on this admission. The deviation log will not need to be filled out as this will suffice as the SOP for transfusions in the RhIG treated patient.
   It is important to note that the decision to continue with Rh positive or negative units must be established each time that we set up a new specimen. (Every 3 days)

VI. MAINTENANCE AND STORAGE

A. All policies and procedures are reviewed every two years, (except for Safety procedures which are yearly) by Laboratory Administration and or the Medical Director of the Laboratory or designee.
B. The Laboratory Administration and Medical Director review policies and procedures when there are changes in practice standards, or requirements.
C. All policies are retained 8 years after being discontinued or revised.
D. All procedures are retained 2 years after being discontinued or revised

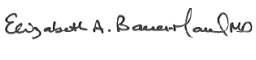
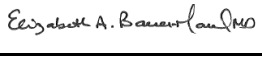
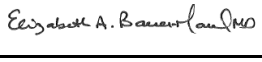
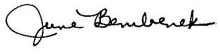
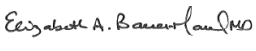
VII. REFERENCES

A. CSL Behring. (2015, September). *Rhophylac administration guide*. Retrieved February 8, 2017, from http://www.rhophylac.com/common/pdf/Rhophylac-Administration-Guide.pdf
B. Scaradavou, A., Woo, B., Woloski, B., Cunningham-Rundles, S., Ettinger, L., Aledort, L., & Bussel, J. (1997). Intravenous anti-D treatment of immune thrombocytopenic purpura: Experience with 272 patients. *Transfusion Medicine Reviews*, *11*(4), 313. doi:10.1016/s0887-7963(97)80114-9

MEDICAL DIRECTOR		
DATE	NAME	SIGNATURE
SECTION MEDICAL DIRECTOR		

REVISION HISTORY (began tracking 2011)			
Rev	**Description of Change**	**Author**	**Effective Date**
1	Added Scope. Added: enter comment on patient's blood bank card.	Kathy Turpin	6/30/14
2	Removed LIS specific references. Clarified Rh positive unit transfusion with incompatible crossmatch.	Vincent Strow	2/11/16
3	Expanded policy to cover release of RhIG to Pharmacy for treatment of ITP. Clarified and reformatted procedure dealing with compatibility testing. Updated Policy to cover anti-D, including WinRho.	Vincent Strow	2/8/17

Reviewed by

Lead	Date	Coordinator	Date	Manager	Date	Medical Director	Date
K. Maher	7/6/12		7/3/12				6/26/12
D. Allen	7/8/14		6/30/14				7/8/14
V. Strow	2/11/16		4/18/16				5/25/16
V. Strow	2/8/17		2/9/17		2/14/17		2/14/17