Methodist Health Services Corporation & UnityPoint Health Methodist	Page # 1 of 2	Section: BB POL	Policy #: 37
Laboratory	Approved by: Elisabeth A. Bauer Marsh M.D.		Date: 6/12/17
	Date Revised: Supersedes 11/10, 6/5/12, 8/7/12, 1/18/13, 2/6/15, 6/12/17		
	Date Reviewed:		
	Policy/Revision Submitted by:		
	JCAHO Standard: NA		
POLICY GUIDELINE ONE: Outpatient Antepartum RhIG Orders			

I. POLICY:

UnityPoint Health Methodist shall provide antepartum RhIG to Rh negative women per physician orders.

II. PURPOSE:

The objective of this process is to sign out RhIG in a timely fashion in order to minimize outpatient wait time.

III. GENERAL INFORMATION:

In order to minimize the risk of alloimmunization of the mother due to exposure to the Rh antigen expressed on the fetal red cells during pregnancy, the physician will order antepartum RhIG for Rh negative pregnant women per patient circumstances.

Due to difference in reactivity of reagents, the variability of expression of the Rh antigen, and the policy of the laboratory performing Rh testing, some discrepancy between laboratory results is inevitable. UnityPoint Health Methodist tests for weak D expression through the anti-human globulin phase in order to accurately capture the patient antigen status. It is for these reasons that Methodist shall no longer accept Rh test results from other laboratories in lieu of our own records.

IV. PROCEDURE

A. Outpatients with RhIG orders will come to 5 South for administration of RhIG.
B. The patient should be registered, at which point there should be an order for the Antepartum RhIG and a sample should be drawn and sent to the blood bank.
C. If there is a blood type in our records Blood Bank will perform a quick type on the patient's specimen to confirm ABO Rh. After the ABO Rh is confirmed Blood Bank will fill out the RhIG paperwork, sign out the RhIG, and hand out the injection. The goal is to make the RhIG available as soon as possible, while still ensuring the necessary testing is completed prior to administration.
D. If a blood type is not available, Blood Bank will do the complete type (including a weak D test) before we sign out the injection. The work should be finished in as timely a manner as possible to minimize patient wait time.
E. Rh testing performed at outside laboratories may only have been performed to immediate spin, as such there exists the possibility that completion of the weak D test would reveal the patient is weak D positive. Notification of the patient's OB should proceed once the patient's identity and weak D status has been confirmed, as the provider will make the determination whether to treat the patient as Rh positive or Rh negative in the future.

V. 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. There are changes in practice standards, or requirements.
B. All policies and procedures are reviewed every two years (except for Safety procedures which are yearly) by staff or at the time new or revised ones are put in effect.

C. All policies are retained 8 years after being discontinued or revised.
D. All procedures are retained 2 years after being discontinued or revised

POLICY CREATION :		
Author:		
Medical Director:	***Elizabeth A. Bauer-Marsh, MD*** Elizabeth A. Bauer-Marsh MD	***November 2010***

MEDICAL DIRECTOR		
DATE	NAME	SIGNATURE
January 1, 2017	Elizabeth A. Bauer-Marsh, M.D.	Elizabeth A. Bauer-Marsh MD
SECTION MEDICAL DIRECTOR		

REVISION HISTORY (began tracking 2011)			
Rev	**Description of Change**	**Author**	**Effective Date**
1	Added quick type to number 3 section IV	Kathy Turpin	01/18/13
2	Removed Dr. Egley and Peoria from the policy name. Deleted information relating to Dr. Egley and Peoria Day surgery patients. Changed location of registration from Methodist to 5 South.	Kathy Turpin	2/6/14
3	Removed acceptance of other laboratory results. Added another step to address weak D discrepancy. Fleshed out the policy, purpose, and general information sections to better cover the instances of discrepancy in Rh testing. Removed reference to specific locations where registration shall take place, as the process has changed several times without our involvement or notification.	Vincent Strow	2/3/17

Reviewed by

Lead	Date	Coordinator/Manager	Date	Medical Director	Date
		Kathy L. Turpin	8/6/12	Elizabeth A. Bauernfeind MD	8/7/12
		Kathy L. Turpin	1/18/13	Elizabeth A. Bauernfeind MD	1/18/13
D. Allen	2/6/15	Kathy L. Turpin	2/6/15	Elizabeth A. Bauernfeind MD	2/6/15
V. Strow	2/3/17	June Bambenek	2/3/17	Elizabeth A. Bauernfeind MD	6/12/17