UniryPoint Health Pekin	Page 1 of 5	Section: Blood Bank	Policy #: UPPK BB - 0400
Laboratory	Approved by: see signature block at end of document		Date: 03/13/18
	Date Revised: 03/13/18		
	Date /Reviewed:		
	Policy/Revision Submitted by: Jennifer Turner, MLS (ASCP)		
	CAP Standard: TRM.42460 TRM.41300, TRM.42470		
POLICY GUIDELINE ON: **SIGNING OUT BLOOD**			

I. POLICY STATEMENT:

UnityPoint Health Pekin Laboratory follows Joint Commission, CAP, AABB and FDA regulations for signing out all blood products.

II. PURPOSE:

The purpose of this procedure is to ensure that laboratory personnel know, follow, and document all necessary steps for accuracy in Blood Bank from the proper signing out of blood products to the requirements for accepting the blood products back into inventory.

III. PROCEDURE

A. Signing Out Blood: To sign out blood or components to the floor, record the following on the Blood Bank worksheet in the spaces indicated:

1. Date of testing*
2. Patient's name*
3. Accession number of test*
4. Patient's admission number*
5. Outpatient's OTA admission number (if applicable)*
6. Patient's Blood Bank band ID number
7. Patient's location (i.e., 7N, ER, 4N)*
8. Reactions of testing*
9. Patient's ABO and Rh type*
10. Donor number*
11. Donor ABO and Rh type*
12. Reactions of crossmatch (if indicated)*
13. Type of component*
14. Initials of tech performing the testing*
15. Any special requirements*
16. Initials of person taking the blood
17. Date and time blood given out
18. Initials of tech signing out the blood component
19. On all outpatients, place a check mark in component box of release record section after reviewing the physician orders and verifying the component set up was ordered.
20. Examine blood visually for indications of bacterial contamination (cloudiness, gas bubbles, or large clots) and check expiration date of unit. Record on Blood Bank worksheet under "APPEAR."
21. Rhogam is signed out in a similar fashion using lot number in place of unit number.

*This information should already be written in as part of the crossmatch record. Any reactions not filled in on the worksheet must be completed by the tech performing the testing. If the tech is not available, testing must be repeated.

B. Picking up blood products:

1. Person from the floor picking up the blood product(s) will present the computer printout of blood bank lab interim report or the patient's label. When only a patient label is presented, the laboratory staff will print a copy of the proper blood bank lab interim report for the staff member from the floor to check and keep.
2. Nurses obtaining blood for an outpatient (OTA) will bring the patient's sticker with the OTA number on it. The physician's orders come with the specimen.
3. Verify the following information on the worksheet while the person taking the blood verbally checks the requisition:
    a. Patient name
    b. Patient admission number
    c. Outpatient OTA number (if applicable)
    d. Blood Bank armband ID number
    e. ABO & Rh type of patient
    f. Reaction record for evidence of testing and compatibility.
    g. Unit number
    h. ABO & Rh type of unit
    i. Any special requirements
4. Verbally verify the following information on the tag attached to the unit while the person taking the blood checks the requisition:
    a. Patient name
    b. Patient admission number
    c. Outpatient OTA number (if applicable)
    d. Blood Bank armband ID number
    e. Date of birth
    f. Unit number
    g. Unit expiration date
    h. Unit ABO & Rh type
    i. Patient ABO & Rh type
    j. Any special requirements
    k. Slide tag aside and verbally verify that the unit number on the tag matches the unit number on product.
5. Document on card the sign out date and time and the four hour transfusion end date and time.
6. Document on worksheet:
    a. Appearance of unit
    b. Initials of tech signing out blood product
    c. Date and time unit issued
    d. Document on all outpatient OTA's that the order was checked by placing a check mark in the component box on the Blood Bank worksheet.
    e. Initials of person taking unit
7. Place a single unit of blood product in a large bio-hazard bag for transport.
8. Outpatient Rhogams are to be placed in the white plastic bags and sealed shut after the sign out process is complete for transporting to 8N.

9. In an emergency situation or a Massive Transfusion Protocol, when more than one unit of rbc's and/or ffp needs to be signed out at the same time, the units must be packed in a validated Medicus-Health cooler as follows: (see attached pictures)
    a. Position one large frozen blue ice pack flat on the bottom of cooler.
    b. Set two large refrigerated blue ice packs, standing up, one on each side of the cooler.
    c. Place a Safe T Vue temperature indicator on each unit (see policy UPPK BB-0590).
    d. Set the white tray that came with the cooler down on top of the blue frozen ice pack.
    e. Stand all units upright inside of the white tray.
    f. Close cooler lid and fasten latches tightly for transport.
    g. Our two Medicus Health transport coolers are to be validated annually. They will be validated to transport 2 to 6 units of blood for up to 6 hours.

C. While on the Nursing Unit:
1. Blood and components shall be maintained in a controlled environment at an optimal temperature. If validated cooler is being used for the transport of blood products, all units must remain in the cooler until hung for transfusion. Make sure to shut lid and fasten latches of cooler tight in between removal of products.
2. Immediately before transfusion, two nurses will verify and document all information identifying and matching the donor unit with the intended recipient, item by item in the presence of the recipient.
3. All identification attached to the donor unit shall remain attached until the unit is completely transfused.
4. Blood and components must be transfused through a sterile, pyrogen-free transfusion set that has a filter designed to retain particles potentially harmful to the recipient.
5. The written protocol for the administration of blood and blood components and the use of infusion and ancillary equipment in the Care Coordination Policy (C 01) must be followed.
6. When warming of blood is indicated, this should be accomplished during its passage through the transfusion set. The warming system must be equipped with a visible thermometer and an audible warning system. Blood must not be warmed above 42°C.
7. Drugs or medication, including those intended for intravenous use, must not be added to blood or components. 0.9% sodium chloride injection, USP, may be piggybacked at the time of infusion.
8. Blood products should be infused within 4 hours of sign out time.
9. After infusion, the empty or used blood product bag, with attached crossmatch tag may be properly disposed of.
10. If a transfusion reaction or possible transfusion reaction occurs, the blood bag with attached crossmatch card and all attached tubing is to be returned to the Blood Bank immediately.

D. Acceptance of blood products back into inventory NOT in a validated cooler
1. Any unit of prbc's or ffp returned to the Blood Bank that was signed out longer than 30 minutes must be discarded.
2. Any unit of prbc's or ffp returned to the Blood Bank within 30 minutes can be accepted back into inventory and reissued if the following conditions are met:
    a. The container closure has not been disturbed.
    b. The appropriate temperature has been maintained.

c. The records indicate that the blood or blood component has been inspected and that they are acceptable for reissue (sign out in red ink on Blood Bank worksheet).
d. At least one sealed segment of integral donor tubing has remained attached to the container. Other removed segments may be reattached by confirming that the tubing identification number on both the removed segment(s) and the container are identical.

E. Acceptance of blood products back into inventory from a VALIDATED COOLER.
1. Any unit of prbc's or ffp returned to the Blood Bank in the cooler within 7 hours and has a Safe T Vue temperature indicator that is still white or white with a little bit of red speckling (the unit did not reach 10°C) will be accepted back into inventory and reissued.
2. Any unit of prbc's or ffp returned to the Blood Bank in the cooler that has a Safe T Vue temperature indicator that has turned red or over half filled in with red (unit has reached 10°C) must be discarded. If the cooler is out with the units in it for over 7 hours, the units must be discarded regardless of the color of the temperature indicators.

IV. REFERENCES:

A. AABB Standards for Blood Banks and Transfusion Services, 29th Edition, Effective April 1, 2014.
B. European Device Solutions Ltd. 1, Chartwell Close, Stockton on Tees. Cleveland TS17 OXQ UK, Safe-T-Vue 10 Instructions & FAQs, Rev. 5 2016-04-19.

POLICY CREATION :		
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REVISION HISTORY (began tracking 2011)			
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Reviewed by

Lead	Date	Coordinator/ Manager	Date	Medical Director	Date
[signature]	4-3-18				