

## **EMERGENCY RELEASE OF UNCROSSMATCHED BLOOD POLICY**

### **I. PRINCIPLE**

When blood is urgently needed, the patient's physician must weigh the risk of transfusing uncrossmatched blood against the risk of delaying transfusion until compatibility testing is complete.

### **II. POLICY STATEMENT:**

At UnityPoint Health Pekin Hospital, the treating physician authorizes the release of emergency uncrossmatched blood products if the patient's clinical condition warrants emergent transfusion. The Blood Bank personnel will adhere to this policy to be able to react quickly to the patient's need.

### **III. PROCEDURE:**

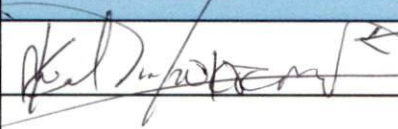
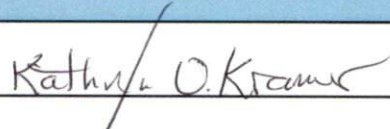
- A. In an emergency, if the urgency of the situation warrants release of blood before the crossmatch is completed, the physician or his designee must sign a release form (UPPK BB 0320.01).
- B. If there is not time to determine the patient's blood group, then issue O negative packed cells.
- C. **IN EXTREME EMERGENT SURGICAL SITUATIONS (AS DETERMINED BY THE SURGEON AND/OR ANESTHESIOLOGIST) A MEMBER OF THE LABORATORY STAFF WILL DELIVER 2 UNITS OF O NEGATIVE PACKED CELLS STAT TO THE SURGICAL DEPARTMENT AND TAKE NECESSARY PAPERWORK WITH THEM. THE PAPERWORK IS TO BE COMPLETED IN THE OR.**
- D. If O negative blood is not available, O positive packed cells may be given with the consent of the pathologist or attending physician.
- E. If blood of the patient's ABO type is not available give O units.
- F. If the patient's ABO type is known and Rh is unknown, issue ABO specific/Rh negative units.
- G. ABO and Rh type specific blood should be given after testing the patient in the transfusion facility with a sample drawn at the time of the request. Do not rely on records such as dog tags, driver's license, etc. (Results should be confirmed with historical records or a second sample if available.)
- H. Attach a unit tag on the unit(s) with as much information filled in as possible.
- I. Place an **UNCROSSMATCHED LABEL** on the unit tag(s). (See UPPK BB 0320.02)
- F. Remove a labeled segment from the unit(s) and immediately begin routine compatibility testing.

- G. Document the name of doctor or nurse taking blood and the time taken to enter into Sunquest upon completion of testing.
- H. If incompatibility is detected at any stage of the testing, immediately notify the physician, Laboratory Medical Director or pathologist on call after hours.
- I. Enter all reactions and interpretations in Sunquest-Blood Order Processing (BOP) as work is completed. Make note in computer and on the Testing and Inventory LOG that work was done after blood was issued uncrossmatched.
- J. When time permits, issue blood in Sunquest-Blood Product Issue (BPI) as usual.
- K. File the signed release form in the Blood Bank file cabinet.

**IV. REFERENCES**

- A. AABB Technical Manual, 19<sup>th</sup> Edition, American Association of Blood Banks, Bethesda, MD, 2017.

<b>POLICY CREATION :</b>	<i>Date</i>
<b>Author:</b>	
<b>Medical Director:</b>	

<b>MEDICAL DIRECTOR</b>		
DATE	NAME	SIGNATURE
12-3-18		
<b>SECTION MEDICAL DIRECTOR</b>		

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 Date Reviewed/ Date Revised: 11/25/18

REVISION HISTORY (began tracking 2011)			
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Reviewed by

Lead	Date	Coordinator/ Manager	Date	Medical Director	Date
<i>[Signature]</i>	12-2-18				