UnityPoint Health Pekin
Department of Pathology
Pekin, IL 61554

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BLOOD COMPONENT ISSUE AND ACCEPTANCE BACK INTO INVENTORY

Policy Manual

I. 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.

II. POLICY STATEMENT:

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

III. PROCEDURE:

A. ROUTINE ISSUE OF BLOOD PRODUCTS

1. Red cells, platelets, plasma, cryo
   a. Nurse, surgical aide or another appropriately trained Pekin employee (ICU unit Secretary, nurse extern) comes to Blood Bank and requests the product by giving the full patient name and Blood Bank Id band number. If either piece of information has not been brought to the lab, the person picking up the blood may call the floor to get the missing info or go back to the patient bedside for the missing info. Exceptions are limited to: emergency issue, where retrieving the information could adversely affect the patient outcome. A hospital generated label with the Blood Bank Id band number recorded on it is highly recommended for an easy way to bring the necessary info. The label can then be attached to the lower right-hand corner of the transfusion record. (See UPPK BB-0636.01)
   b. Blood Bank tech will find the next unit(s) to be issued and remove it (them) from the storage location. Check the unit tag(s) and the unit(s) itself to be certain the correct unit(s) is being issued.
   c. Compare the Blood Bank Id band number on the unit tag(s) with the number the nurse brought down from the patient.
   d. Sign on to Sunquest (Gateway) and follow the protocol for function BPI (Blood Product Issue) as written in the SQ BB Guide. (For computer downtime, refer to Downtime procedure in the SQ BB Guide.)
   e. Perform Visual Inspection using the following criteria:

1) No visible hemolysis
2) No visible clots
3) No abnormal color (brown, etc.)
4) No signs of excess gas or froth
5) No HEAVY white layer after settling or any other physical abnormalities. A thin white layer may be present on top of the settled red cells. This is most likely a collection of the patient's white cells. A milky layer may be present on the top of the plasma. This is likely to be lipids. (Both of these are acceptable for issue provided the unit has an otherwise normal appearance).
NOTE: You may also refer to the "Visual Inspection Reference Guide" provided by Red Cross located at the counter with the SQ BB Guide.

f. Read the following information from the computer screen to the nurse
   1) Hospital number (MR#)
   2) Patient name
   3) Blood Bank Id band number
   4) Patient type
   5) Unit type
   6) Component
   7) Unit number
   8) Expiration date and time of unit
   9) Crossmatch interpretation (if applicable)
   10) Any special requirements (if applicable)
g. Slide the unit tag aside and make sure the unit number on the bag matches the unit number on the tag.
h. Check the unit expiration date on the bag.
i. **The unit tag must remain attached to the unit until completion of the transfusion.**
j. The transporter is to check these items with the unit tag and the unit itself. All items must match EXACTLY for the unit to be issued. Have the transporter type in his/her name (first initial of first name and entire last name is recommended) and be sure to accept the issue at the appropriate prompt.
k. Instructions on the proper handling of the blood product will be given to the transporter at the time the product is dispensed. Instructions include: if biohazard bag or transport cooler is used – leaving product in it until the intended destination is reached, keeping the cooler lid shut tightly, and delivering product to the

intended location immediately.

l. Only one unit may be picked up at a time. A nurse cannot pick up blood for more than one patient at a time.
m. Place a single unit of blood product issued in a large biohazard bag for transport.
n. Multiple units of red cells, plasma and cryo can be picked up for the *same* patient to one nurse for an emergency situation. Leave platelets and cryo at room temperature. Pack multiple units of red cells and/or plasma in a validated Medicus Health cooler as follows:
    1) Position one large frozen blue ice pack flat on the bottom of cooler.
    2) Set two large refrigerated blue ice packs, standing up, one on each side of the cooler.
    3) Place a Safe T Vue temperature indicator on each unit (see policy UPPK BB-0590).
    4) Set the white tray that came with the cooler down on top of the blue frozen ice pack.
    5) Stand all units upright inside of the white tray.
    6) Close cooler lid and fasten latches tightly for transport.
    7) 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.

2. IGIV and FACTOR CONC
    a. Handled by Pharmacy. Refer all calls to Pharmacy.
3. Rhogams
    a. Prior to issuing a Rhogam, verify that the Administration Control Record is filled out correctly.
    b. Whether issuing Rhogam directly to Nursing staff or to a Patient Service Center employee for transport with the patient to the Nursing floor, compare the following from the computer screen in Blood Product Issue and the Rhogam Administration Control Record (as applicable):
        1) Hospital number (MR#)
        2) Patient name
        3) Patient type
        4) Component
        5) Lot number
        6) Expiration date of unit
    c. Complete the process of issuing the product in the computer.
    d. Rhogam may be issued based upon a recent documented test result from any CLIA or CAP-accredited laboratory without

retesting. (CAP TRM.40780)

B. EMERGENCY ISSUE OF BLOOD

If crossmatching procedures cannot be completed prior to issue, issue the units as "Uncrossmatched". Refer to the "Emergency Release of Uncrossmatched Blood" Policy (UPPK BB 0320),

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 tag 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 20 minutes must be discarded.
2. Any unit of prbc's or ffp returned to the Blood Bank within 20 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 IN 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 TECHNICAL MANUAL*, Current edition, American Association of Blood Banks
B. *STANDARDS FOR BLOOD BANKS AND TRANSFUSIONS SERVICES*, Current edition, American Association of Blood Banks

POLICY CREATION :	***Date***
Author: Jenny Turner, MLT (ASCP)	***11/29/18***
Medical Director: Kathryn Kramer, MD	***11/29/18***

MEDICAL DIRECTOR		
DATE	NAME	SIGNATURE
12-4-18	Kathryn O. Kramer MD	
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Lead	Date	Coordinator/ Manager	Date	Medical Director	Date
Jennifer Turner	12-3-18				

Reviewed by