This Policy and Procedure is applicable to:

- ☐ Memorial Group, Inc.
- ☑ Memorial Hospital – Belleville
  - Department Specific _Laboratory_____
- ☑ Memorial Hospital East
  - Department Specific _Laboratory_____
- ☐ Memorial Care Center
- ☐ Memorial Medical Group

Policy No.: **BBBP 1.1**
Effective Date: 10/9/15
Supersedes: BBBP 1.0 v1
Reviewed: **1/21/15**
Revised: 10/9/15
Administrator: Jennifer Harris
Signature **See Document Control Form**

General Policies for Blood Components and Tissues

1) All blood, blood products and tissues received by the Blood Bank will be entered into the hospital computer system.
2) The blood provider to Memorial Hospital is Central Illinois Community Blood Center (CICBC) dba Mississippi Valley Regional Blood Center (MVRBC).
   a) Tissues are ordered by the operating room at the request of the individual physician. Blood Bank is only the storage facility.
3) Red blood cell and platelet pheresis products are leuko-reduced.
4) CMV negative vs. CMV safe blood and blood products
   a) Leukoreduced cellular products are considered CMV safe.
   b) CMV seronegative products may be indicated for, but are not limited to:
      i) Transfusion of premature or low birth weight neonates
      ii) Intrauterine transfusion
      iii) CMV negative bone-marrow or stem cell recipient
      iv) Pregnant women who are to be transfused before delivery. (NOTE: CMV negative products are not needed after delivery of infant)
5) Irradiated blood and blood products are indicated for use in patients that are at risk of transfusion associated graft versus host disease (TA-GVHD).
   a) Only cellular products require irradiation.
   b) Indications for use include, but are not limited to:
      i) Transfusion of products from biologic relatives
      ii) HLA-compatible platelet pheresis
      iii) Bone marrow or stem cell transplant patients
      iv) Intrauterine transfusion
      v) Patients with hematologic or B cell malignancies
      vi) Transfusion of premature or low birth weight neonates

vii) Patients ever receiving treatment with Fludarabine

6) Blood products negative for Hemoglobin S may be indicated for, but are not limited to:
   a) Intrauterine transfusion
   b) Neonatal exchange transfusion
   c) Patients with sickle cell disease or sickle cell trait
7) Complete an orange card for any special need units "saved" for a specific patient.
   a) Indicate charges to be entered at time of use
   b) Remove orange card when no longer needed for patient.
8) Patient testing requirements
   a) Patients requiring red blood cell transfusion must have:
      i) ABO/Rh performed on two independent specimens
      ii) Antibody screen/identification performed within the previous three (3) days
      iii) Crossmatches performed on current in-date specimen
   b) Patients requiring plasma product (thawed plasma, cryoprecipitate or platelet pheresis) transfusion must have:
      i) ABO/Rh performed on two independent specimens
      ii) ABO/Rh performed in the past 14 days
9) Autologous and/or directed donor units
   a) Memorial Hospital transfusion service does not accept autologous or directed blood products for transfusion.
10) Blood filters/infusion sets will be obtained by the nursing department.

References:

a) Standards for Blood Banks and Transfusion Services, AABB, Current edition, Bethesda, MD.
b) Circular of Information, Rev. 12/09.
c) Guidelines for Ordering Blood Products, CICBC, 2/10.

PROCEDURE AND FORM CHANGE CONTROL

Title: BBBP 1.1-General Policies for Blood Components and Tissue										
Written		Validated		Path Review		Review		Effective		Reason for Revision
Date	By	Date	By	Date	By	Date	By	Date	By	
10/12/10	PAB	12/5/10	KMS	12/10/10	JAP			12/14/10	PAB	
Revised										
						4/18/11	PAB			
7/6/11	PAB			8/14/11	ESB			8/9/11	PAB	Removed reference to ARC and Rhogam
						3/21/12	PAB			
4/26/13	PAB			5/15/13	ESB			6/1/13	PAB	Remove autologous/directed products
7/23/13	PAB			7/25/13	ESB			7/25/13	PAB	Included orange charge card
1/21/15	JLH							1/21/15	JLH	Included CMV neg products for pregnant women, removed references to coag factors, changed plasma product requirements to 14 days.
10/9/15	JLH			N/A	N/A			10/9/15	JLH	Added new header and formating

Location of any copy(s) of the procedure:
Out of use:
Date:_____By:_____Reason:_____