TRAINING UPDATE

Lab Location:	SGAH	**Date Implemented:**	2.4.13
Department:	Blood Bank	**Due Date:**	2.25.13

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
ABO/Rh Testing for RhIG Candidacy
Description of change(s):

• ABO/Rh test will be eliminated from Cerner and SMS and replaced with test "ABO/Rh for RhIG Candidacy."
• This will come to Sunquest as an ABORH test.
• When this test is ordered.
  o Run an ABO/Rh.
  o If the patient is Rh-negative, run an antibody screen and panel (if indicated).
  o If the patient is ≥20 weeks gestation, perform Kleihauer-Betke testing prior to allocating RhIG.
• It is permissible to issue 1 vial of RhIG pending KBT results.

Non-Technical SOP

Title	**ABO/Rh Testing for RhIG Candidacy**
Prepared by	Stephanie Codina Date: 1.31.2013
Owner	Stephanie Codina Date: 1.31.2013

Laboratory Approval		
Print Name and Title	**Signature**	**Date**
Refer to the electronic signature page for approval and approval dates.		
Local Issue Date:	Local Effective Date:	

Review:		
Print Name	**Signature**	**Date**

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1. PURPOSE

To define the testing process that will take place if the test "ABO/Rh RhIG Candidate" is ordered.

2. SCOPE

This procedure applies to patients who have orders for the "ABO/Rh RhIG Candidate" test. This test is generally only ordered on pregnant females who have experienced a possible sensitization of fetal blood.

3. RESPONSIBILITY

All blood bank staff members must understand and adhere to this procedure for performing ABO/Rh RhIG Candidate testing.

4. DEFINITIONS

N/A

5. PROCEDURE

Step	Action
1	Laboratory testing is necessary to determine whether a patient is a candidate for RhIG injection if the patient has experienced an actual or suspected fetal-maternal hemorrhage (FMH). Examples of events that may result in an FMH include, but are not limited to, placenta previa, amniocentesis, chrorionic villus sampling, percutaneous umbilical blood sampling, other obstetrical manipulative procedure or abdominal trauma, actual or threatened pregnancy loss at any stage of gestation, ectopic pregnancy, and hydatiform mole.
2	When an "ABO/Rh RhIG Candidate" test is received in the blood bank, an ABO/Rh test will be performed and reported per procedure, "ABO/Rh Typing (Manual Tube)."

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Step	Action
3	If the ABO/Rh typing reveals the patient is Rh-negative or weak D positive, an antibody screen will be performed per departmental procedure. Antibody identification procedures will be followed if the antibody screen is positive. RhIG is NOT indicated if the patient has a current or historical record of anti-D.
4	Identification and quantification of fetal bleed must be performed if the patient is ≥20 weeks gestation. A. If the blood type of the fetus is not known, a Kleihauer-Betke test must be performed. B. If the blood type of the fetus is known (unlikely) and both mom and baby meet acceptability specifications outlined in procedure, "Fetal Bleed Screening," a fetal cell screen may be performed to determine if a fetal bleed has occurred before performing Kleihauer-Betke testing.
5	RhIG should be administered to any patient who is Rh-negative and has no current or historical record of anti-D. A. 1 vial of RhIG is given to patients who are < 20 weeks gestation. B. The amount of RhIG given to patients who are ≥ 20 weeks gestation will be determined by fetal bleed screen and/or Kleihauer-Betke test results. One vial of RhIG may be given prior to completion of testing.

6. RELATED DOCUMENTS

SOP: ABO/Rh Typing (Manual Tube)
SOP: Galileo Echo Testing Patient Specimens
SOP: Antibody Identification
SOP: Fetal Bleed Screening

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By

9. ADDENDA AND APPENDICES

None

Form revised 3/31/00