Lab Location:	SGAH and WAH	**Date Implemented:**	6.18.2014
Department:	Blood Bank	**Due Date:**	7.15.2014

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Cardiac Surgery Transfusion Protocol

Description of change(s):

New Procedure
1. BB staff will automatically order 2 red cells for all cardiac surgery patients on the surgery schedule.
2. BB staff will ensure we have 2 platelets in house at all times when cardiac surgery is being performed.
3. BB staff will ALLOCATE 2 platelets to any patient deemed a high risk cardiac surgery.
    a. High risk designation can only be made by the surgeon or anesthesiologist on the case
    b. Notification will be made to BB via the "High Risk Cardiac Surgery" order. BB will indicate whether platelets were allocated by typing "Y" or "N."
4. Platelet allocations will automatically be released at midnight on the day of surgery (unless the patient is still in surgery).
5. BB will notify the OR if we will issue platelets that will bring our inventory below 2 while a cardiac surgery is being performed. If OR needs the platelets, the pathologist will decide who gets them and who has to wait.

Electronic Document Control System

Quest Diagnostics

Document No.: WAH.BB874[0]

Title: Cardiac Surgery Transfusion Protocol

Owner: LESLIE.X.BARRETT LESLIE BARRETT

Status INWORKS

Effective Date: 12-Jul-2014

Next Review Date:

Non-Technical SOP

Title	**Cardiac Surgery Transfusion Protocol**
Prepared by	Stephanie Codina — Date: 6.10.2014
Owner	Stephanie Codina — Date: 6.10.2014

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**

   This procedure outlines the routine protocols that have been agreed upon between the blood bank and the cardiac surgery team.

2. **SCOPE**

   This procedure applies to any patient undergoing cardiac surgery at Washington Adventist Hospital.

3. **RESPONSIBILITY**

   All blood bank staff members must understand and adhere to this procedure for maintaining minimum inventory levels and allocating/crossmatching blood products for cardiac surgery patients.

4. **DEFINITIONS**

   Routine Cardiac Surgery: Any cardiac surgery procedure that is scheduled in advance. Blood bank will identify patients scheduled for routine cardiac surgery during daily review of the surgery schedule.

   Urgent Cardiac Surgery: Any unscheduled cardiac surgery procedure. The cardiac surgery team is responsible for notifying blood bank staff members when an urgent cardiac surgery procedure will take place.

   High Risk Cardiac Surgery: Any cardiac surgery procedure performed on a patient at higher risk of using platelets. High risk cardiac surgery patients may only be identified by the surgeon and/or anesthesiologist on the case. These involve patients with known platelet disorders/dysfunctions (such as von Willebrand's disease), patients on antiplatelet medications (except aspirin), redo cardiac surgery cases, and those patient with long bypass times.

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5. PROCEDURE

Step	Action

1	Blood bank staff members will automatically crossmatch 2 red cells to each cardiac surgery patient.
	  A. Crossmatch will be performed at the time the surgery schedule is reviewed for routine cardiac surgery cases.
	  B. Crossmatch will be performed at the time of notification and completion of T&S testing for urgent cardiac surgery cases.

2	Blood bank staff members will maintain a minimum inventory of 2 platelets at all times when cardiac surgeries are being performed.
	  A. Two platelets will be maintained in inventory, regardless of how many cardiac surgery cases are being performed.
	  B. The total inventory will be considered (including allocated platelets) when managing platelets for routine cardiac surgery cases.
	  C. Blood bank staff members will immediately order additional platelets into inventory any time there are less than two platelets in inventory.

3	Blood bank staff members will allocate 2 platelets to EACH high risk cardiac surgery patient.
	  A. The cardiac surgery team will notify the blood bank of a potential high risk case using the "High Risk Cardiac Surgery" notification in Cerner.
	    a. OR staff will document the date of surgery when the order is placed.
	    b. Blood bank staff will acknowledge the order by typing "Yes" into the acknowledgement field.
	    c. The high risk order will be documented on the telephone log during periods of computer downtime.
	  B. Blood bank will immediately allocate 2 platelets to the high risk patient. Blood bank staff will order additional platelets into inventory if inventory is insufficient to cover all orders.

4	Blood bank staff members will immediately notify the cardiac surgery charge nurse, RN circulating nurse for the case, or anesthesiologist any time there is a platelet shortage with may impact the platelet inventory.

5	Blood bank will consult with the OR:
	  A. Prior to releasing platelets allocated to a high risk patient who is still in the operating room.
	  AND
	  B. Prior to issuing platelets that will cause the platelet inventory level to fall below 2 when cardiac surgery cases are in progress.

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Step	Action
6	All allocated platelets will automatically be released to general inventory at 2359 on the day of surgery unless the patient is still in the operating room. If the patient is in surgery at midnight, the platelets will be released when the patient is stable or at 2359 on the following day, whichever is sooner.
7	The Clinical Pathologist on staff/call is responsible for triaging the situation and instructing staff how to proceed when platelet requests outnumber the platelet inventory (ie when platelets are needed for both the OR and throughout the hospital).

6.   RELATED DOCUMENTS
None

7.   REFERENCES
None

8.   REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By

9.   ADDENDA AND APPENDICES
None

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