

TRAINING UPDATE

Lab Location: SGAH and WAH **Date Implemented:** 09.19.2014
Department: Blood Bank **Due Date:** 10.15.2014

DESCRIPTION OF PROCEDURE REVISION

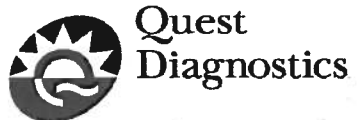
Name of procedure:

Neonatal Emergency Transfusion Protocol

Description of change(s):

1. New procedure that outlines the process that will be followed when EMERGENCY RELEASE blood products or MASSIVE TRANSFUSION are called on a neonate (baby under the age of 120 days).
2. In urgent situations, give red cells that are...
 - a. O-negative
 - b. CPDA-1 or AS-3
 - c. If time and/or inventory permit, give CMV-negative, irradiated, HbS-negative
 - d. If mom has clinically-significant antibodies, ask the provider if he/she wants us to antigen type
3. Issue a FULL red cell unit—DO NOT ALIQUOT.
4. Issue the unit in a cooler with a syringe set/filter
5. Use the emergency release form to document product attributes that were NOT met

Electronic Document Control System



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Title: Neonatal Emergency Transfusion Protocol

Owner: LESLIE.X.BARRETT LESLIE BARRETT

Status: INWORKS

Effective Date: 15-Oct-2014

Next Review Date:

Non-Technical SOP

Title	Neonatal Emergency Transfusion Protocol	
Prepared by	Stephanie Codina	Date: 9.11.2014
Owner	Stephanie Codina	Date: 9.11.2014

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

Review:		
Print Name	Signature	Date

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Form revised 3.31/09

TABLE OF CONTENTS

1. PURPOSE..... 2
 2. SCOPE..... 2
 3. RESPONSIBILITY..... 2
 4. DEFINITIONS..... 2
 5. PROCEDURE..... 2
 6. RELATED DOCUMENTS 4
 7. REFERENCES 4
 8. REVISION HISTORY..... 4
 9. ADDENDA AND APPENDICES..... 4

1. PURPOSE

This procedure applies to any situation in which blood is required urgently for a neonate AND the time needed to obtain blood products that meet certain specifications or prepare a neonatal aliquot may adversely impact patient care.

2. SCOPE

This procedure applies to any neonate who requires urgent transfusion. This serves as both the emergency release and massive transfusion protocol for neonates.

3. RESPONSIBILITY

All blood bank staff members must understand and adhere to this procedure when issuing blood products for neonates urgently.

4. DEFINITIONS

Neonate: Any infant <120 days in age.

5. PROCEDURE

Step	Action
1	Blood bank staff members should remind the patient care area that emergency release blood products are available for transfusion in urgent situations. These include situations in which a neonate is actively bleeding or severely anemic due to immune destruction (such as hemolytic disease of the newborn).
2	An emergency release form is required when issuing blood products that are urgently needed for patient care and do not meet routine neonatal transfusion specifications, because the physician has determined that the time necessary to obtain an optimal product with desired attributes will jeopardize patient safety. Document in the "Other" area of the form the product attributes that were not met per blood bank procedure.

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Step	Action
3	<p>In EMERGENCY situations, immediate restoration of oxygen-carrying capacity with red cell transfusion is the most important priority. Red cell attributes will be honored as time permits. In an emergency, select a red cell unit that meets the following specifications:</p> <ul style="list-style-type: none"> • Group O, Rh-negative • CPDA-1 or AS-3 anticoagulant whenever possible • Leukocyte-reduced • CMV-seronegative, if readily available • Hb S negative, if readily available • Irradiated, if time permits
4	<p>If the mother of the neonate has a clinically-significant antibody, select red cells negative for the corresponding antigen as time permits.</p> <ol style="list-style-type: none"> A. Ask the provider if he/she would like us to take the time to antigen type the unit prior to issue to avoid potential cell destruction. B. Document the discussion in the shift communication log. C. Document antigen untested units in the "Other" area of the Emergency Release form.
5	<p>Issue the ENTIRE red cell unit to the patient care area.</p> <ol style="list-style-type: none"> A. DO NOT ALIQUOT. The patient care area will pull blood off with a syringe and transfuse the required amount. B. Issue the blood product in a cooler per procedure.
6	<p>If other products are requested, communicate with the patient care area to determine urgency.</p> <ol style="list-style-type: none"> A. If time permits, aliquot products per procedure. B. If transfusion is urgent, meet as many required transfusion attributes as necessary and issue a full unit to the floor. <ol style="list-style-type: none"> a. Platelets: <ol style="list-style-type: none"> i. Group AB, Rh-compatible ii. No visible red cell contamination iii. Leukocyte-reduced iv. CMV-seronegative v. Irradiated b. Plasma <ol style="list-style-type: none"> i. Group AB ii. Type specific if the patient has an ABO retype on file

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6. RELATED DOCUMENTS

- SOP: Red Cell Aliquot Preparation
- SOP: Platelet Aliquot Preparation
- SOP: Plasma Aliquot Preparation
- SOP: Volume-Reduced and Saline-Replaced Platelet Products
- SOP: Emergency Release of Blood Products
- SOP: Massive Transfusion Protocol
- SOP: Issuing Blood Products in a 930 Medical Transport Cooler

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By

9. ADDENDA AND APPENDICES

None

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