



Quest Diagnostics Nichols Chantilly
At
Shady Grove Adventist Hospital and
Washington Adventist Hospital

BLOOD BANK STAFF MEETING

MINUTES

(12/16/2014)

PRESENT: 12.16.2014 @ 0630-0655 (WAH) STEPHANIE CODINA, MARIA MORRIS, VANESSA ROBINSON, HAMERE TADESSE
 12.16.2014 @ 1510-1530 (WAH) STEPHANIE CODINA, SARAH DELINGER, HABIBA LAKO
 12.18.2014 @ 0645-0715 (SGMC) STEPHANIE CODINA, MARY-DALE ABELLANO, HOJAT GOUDARZI, ANNE RIENKS,
 SHAKIMAH RODNEY, RONALD ROJAS, NAMRATA SHRESTHA
 12.18.2014 @ 1510-1530 (SGMC) STEPHANIE CODINA, DIPTI PATEL

DISTRIBUTION: BLOOD BANK STAFF MEMBERS

MEETING COMMENCED

Item	Discussion	Action	Follow-up
Minutes			
Scrubs	<p>In the near future, SGMC will be requiring all staff members to wear standardized scrubs. Nurses will continue with the royal blue, OR and units techs will wear light blue, ancillary staff (including lab) will wear black. We must also purchase scrubs with the SGMC logo and department on them.</p> <p>I have heard that the hospital will be offering 3 types of scrubs at different price points. Employees will be responsible for purchasing their own scrubs if you wish to wear scrubs (you have the option of wearing street clothes also).</p> <p>I will give out more information as it is released. However, I wanted you all to be aware of the change, so you don't buy new scrubs that can't be worn.</p>	None	None
Pocket Protectors	<p>I have received a few complaints about BB staff members not wearing nametags. In all situations, the person was wearing a labcoat that likely covered the nametag. However, please remember, you should be wearing the pocket protector with your name when you have your labcoat on. If you need another pocket protector, please let me know. However, I know we have sent this out a number of times recently. The same people always need pocket protectors. Please safeguard your pocket protector so it doesn't get discarded or lost.</p>	None	None

Complaints	<p>In addition to the complaints about the nametags, I have received a few other complaints lately and want to comment....</p> <ol style="list-style-type: none"> 1. TAT—If someone asks for the TAT for a T&S, please tell them the published TAT is 90 minutes. This is the timeframe we have told the hospital and medical staff we need to produce a result. DO NOT say 30 minutes. The 30 minute timeframe does not include processing time, centrifuge time, time it takes the instrument to load if other samples are present, result time, etc. If we say 30 minutes, the floors will get mad when we don't result in 30 minutes. If we say 90 minutes, they will be happy if we result in 30 minutes. 2. If someone complains about a delay, please look in the computer and determine what happened. The example I received was a sample that was drawn at 0940. The nursing unit called at 1030 for results. BB said, "we just got the specimen." In reality, the delay was caused because there was no order for a T&S. This was CLEARLY evident in Lab Inquiry. However, telling them "we just received the sample" makes it look as though processing staff members are not doing their jobs. 3. I have received 3 separate complaints that BB staff members are not performing a readback on both units when more than one blood product is issued at a time. Our procedure is to readback both, so this is a requirement. 4. An ED nurse said he was giving a unit of blood last week when the IV stopped. He tried to flush and found a clot in the tubing. He said he called BB, and BB told him to flush the clot out of the line and restart the transfusion. This is BAD information. We work on the testing end and not the transfusion end. We should NEVER give advice on the transfusion process. Also, anytime we receive notice that a blood product is potentially clotted, we need to recall the product and notify he supplier. End of story. 	None	None
Audit Forms	<p>On January 1, 2015, we will be giving out a transfusion documentation audit form with every blood product issued. BB will fill in the dispense date, dispense time, and unit number. We will also call the floor if the completed form is not returned within 5 hours. More information to come.</p>	None	None
Irradiation Log	<p>When completing the irradiation log for aliquots, please note the PRE-modification product code is the "E" code and the POST-modification product code is the "A" code. The "A" code includes irradiation, so it looks like we are irradiating an irradiated product.</p>	None	None

Expired Unit Report	<ol style="list-style-type: none"> 1. Effective immediately, the expired unit report printed each night will go to the group lead. ALL PI/Variations that pertain to the units MUST be attached. 2. The group lead will ensure the correct disposition is documented in the computer and a PI/variance is completed in ALL required cases. 3. Please follow the flowchart when disposing of units. <ol style="list-style-type: none"> a. We track and trend the following: <ol style="list-style-type: none"> i. Wastage—something that causes a blood product to be discarded BEFORE its expiration. This is attributed to nursing/medical staff. ii. Expiration—things that expire on the shelf in BB. iii. Credited Products—products that expire or are destroyed, but we don't pay for them. Examples include AB red cells that expire, short-dated platelets that expire, broken plasma products, manufacturer recalled items, etc. b. Plasma and cryo that have been thawed for a specific patient and not used are attributed as wastage (nursing/physician issue). c. Stock products that expire (regardless of whether they are allocated at the time of expiration) are attributed to BB. d. Units that are SPECIFICALLY ORDERED INTO INVENTORY for a patient, are considered wastage. This would be platelets ordered for high risk cardiac surgeries or reference units ordered for a specific patient. <p>Please ensure you are using the correct disposition code, writing a PI when required, and asking for credit when available. We now have to report details about wastage to the hospital QI committee.</p>	None	None
Sickle Labels	When you reprint labels to add the sickle cell attribute, please ensure you are printing the barcode with the HbS negative comment. To do this, you must enter sickle in BOTH the attribute and ISBT fields of Sunquest. This IS in the procedure.	None	None
Neonatal Orders	Each neonatal blood product order should be placed on a separate form. We are seeing providers writing things like "Give 2 aliquots 12 hours apart." We do not have the ability to track these. The provider must give 2 separate orders (1 for each transfusion). Please DO NOT accept these; those who are rejecting are getting pushback, because some are accepting them.	None	None
Reference Units	<p>If you order/receive reference units from ARC:</p> <ol style="list-style-type: none"> 1. Units are billed at the time of allocation. Bill to the T&S sample and not the BBREF order; not all patients who have reference units will have a BBREF sample. 2. ALL units must be allocated and crossmatched to the patient. We cannot bill if the units are not allocated. 	None	None
Emergency Release	<p>If we issue emergency release units, they MUST be issued in the computer even if they come back to us. Example:</p> <ul style="list-style-type: none"> • 2 red cells are issued emergency release. • The patient is transferred or expires. • Both units are returned to the BB. • We do not receive a T&S. • You MUST still order the TRRC, allocate/issue the red cells, and return them to inventory. <p>We have a regulatory requirement to track everything that happens to those units. We must document issue and return in the LIS.</p>	None	None

Mini Cold	Mini cold is now built in Sunquest. I will update the SOP and put out the training update this week. We will result as pos, neg, or inconclusive and billing will automatically update.	None	None														
Selected Cells	We have a new billing code for selected cells. In the future, we will bill selected cells by the actual number of cells tested. The SOP will be updated soon and training update issued.	None	None														
New Transfusion Criteria	<p>Transfusion Committee has voted to update the following transfusion criteria.</p> <ol style="list-style-type: none"> Hb >7 and <10 with symptoms or risk becomes Hb >7 and <9 with symptoms or risk Hb >10 with pathologist approval becomes Hb >9. MD must freetext the reason for transfusion into the computer. All of these will go to peer review. Plasma for active bleeding with INR >1.5 is now active bleeding with INR >1.7 New plasma indication: hereditary angioedema <p>I am working on updating these (form, policy, CPOE screens, etc). I will let you know when they are live.</p> <p>Also, neonatal transfusion criteria have been approved. We will be implementing these in the near future.</p>	None	None														
T&S requirement	<p>WAH voted to extend T&S for non-red cell transfusion (plasma, platelets, cryo) to the following:</p> <ul style="list-style-type: none"> INPATIENTS = once per admission OUTPATIENTS = once per year <p>This change has not been approved at SGMC yet. We will implement once we obtain full approval.</p>	None	None														
Pink Form	<p>We got approval to purchase the new printers for the transfusion patient labels. This means that we will officially get rid of the pink form. We need to purchase, program, validate, change policy, training nursing, etc. before implementation, but the proposed label looks like this....It will be 2" x 4".</p> <table border="1" data-bbox="321 1325 1247 1686"> <tr> <td>Name: SUNQUEST,APPLE</td> <td>Donor ID: W2004 14 100929</td> </tr> <tr> <td>MRN: 159753</td> <td>Exp Date: 10/31/2012 2359</td> </tr> <tr> <td>BBE: 1235689</td> <td></td> </tr> <tr> <td>DOB: 01/10/1953</td> <td></td> </tr> <tr> <td>ABO/Rh: O-NEG</td> <td>ABO/Rh: O-NEG</td> </tr> <tr> <td></td> <td>E Neg Kell Neg HgB S ne</td> </tr> <tr> <td>Crossmatch: COMPATIBLE</td> <td>CMVN++</td> </tr> </table>	Name: SUNQUEST,APPLE	Donor ID: W2004 14 100929	MRN: 159753	Exp Date: 10/31/2012 2359	BBE: 1235689		DOB: 01/10/1953		ABO/Rh: O-NEG	ABO/Rh: O-NEG		E Neg Kell Neg HgB S ne	Crossmatch: COMPATIBLE	CMVN++		
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Crossmatch: COMPATIBLE	CMVN++																
Meeting adjourned																	
Next meeting week of January 5, 2015																	

Stephanie Codina
Recorder



W2053 14 127676 85



9500

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The American National Red Cross
Washington DC 20006
US License Number 190

Properly identify Intended Recipient
See Circular of Information for indications,
contraindications, cautions and methods of infusion.
This product may transmit infectious agents.
Rx Only

VOLUNTEER DONOR



E0226VA0

**RED BLOOD CELLS
DIVIDED
LEUKOCYTES REDUCED**

257 mL
From 500 mL CPDA - 1 Whole Blood
Store at 1 to 6 C
Part AD



0150032359
03 JAN 2015

Expiration
Date/Time



N0008
Negative for Antibodies to CMV

Hgb S-

Label not
Reprinted

Fax completed form to blood bank at x5864

PHYSICIAN ORDERS

Indications for Transfusion: (Must be completed)

Red Blood Cells: 20ml/kg, wt 850g

- Hb < 7
- Hb > 7 and < 10 with symptoms* or risk** (Indicate below)
- Acute hemorrhage with blood loss > 750 cc (or > 10cc/kg)
- Peri-operative with anticipated blood loss > 500 cc
- Hb > 10 with active bleeding
- Hb > 10 in the absence of active bleeding after consultation with the pathologist.
- Contacted Dr. _____ on _____ (date) at _____ (time)

17ml units in 2 aliquots 12 hours apart

Pre-transfusion Hb 8.2

Date 12/9/14

Signs or Symptoms

Increased risk

- Postural hypotension
- Tachycardia
- Transient ischemic attack
- Altered mental status
- Signs of shock
- Dyspnea
- Syncope
- Angina

- Myocardial ischemia/CAD
- Hemoglobinopathy
- Valvular heart disease
- Respiratory failure
- Congenital heart disease

Patient has sickle cell disease (not trait)

① 8.5ml IV over 4 hours followed

② 8.5ml IV over 4 hours 12 hours later

NPO during transfusion

Platelets Maximum of 1 per order
(1 unit = 1 adult dose)
_____ units

- Plt ct < 15,000/ μ L with or without active bleeding
- Plt ct < 50,000/ μ L with active bleeding
- Plt ct < 100,000/ μ L in patient undergoing invasive procedure or massive transfusion
- Evidence of platelet dysfunction with: _____ active bleeding or _____ pre-op
- Massive Transfusion (> 10 units pRBCs/24 hours or > 30cc/kg loss)
- Acute hemorrhage with > 3 liters volume replacement or > 40cc/kg loss
- S/P open heart surgery or acute dialysis
- In the absence of any of the above indications following consultation with the pathologist.
- Contacted Dr. _____ on _____ (date) at _____ (time)

Pre-transfusion Plt. Count _____
Date _____

Plasma Maximum of 2 per order
_____ units

- Active bleeding with coagulopathy (INR > 1.5 or PTT > 55 sec)
- Undergoing invasive procedure with coagulopathy (INR > 1.5 or PTT > 55 sec)
- Replacement of factor V due to factor V deficiency
- Thrombotic thrombocytopenic purpura (TTP)
- Therapeutic apheresis procedure
- Acute hemorrhage with > 3L or > 40 cc/kg volume replacement
- In the absence of any of the above indications following consultation with the pathologist.
- Contacted Dr. _____ on _____ (date) at _____ (time)

mL for p_____

Example
and order but
2 aliquots
think
SP

Cryoprecipitate _____ units

Hypofibrinogenemia or dysfibrinogenemia

Pre-transfusion _____

Massive Transfusion

Special Transf. Attribute(s) Req. Indication: _____

HLA-matched, etc.)

Medications with _____

- Diphenhydramine (Benadryl) _____ mg IV / PO (circle one) once pre-transfusion
 - Acetaminophen (Tylenol) _____ mg PO / PR (circle one) once pre-transfusion
 - Furosemide (Lasix) 20 mg IV / PO (circle one) after first aliquot wt 850g
- Infusion of medications through the same line as the blood product is prohibited.

Telephone order from _____ MD / NP / PA _____ Date _____ Time _____ RBVC

Provider Signature _____ ID# _____ Date _____ Time _____

Nurse Signature _____ Date _____ Time _____ USC Signature _____ Date _____ Time _____



S7030171

TRANSFUSION ORDERS

7030-171 (02/13)

CHART COPY

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