TRAINING UPDATE

Lab Location:	SGMC and WAH	**Date Implemented:**	10.30.2015
Department:	Blood Bank	**Due Date:**	11.15.2015

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Emergency Release of Blood Products

Description of change(s):

1. Removed references to the pink form. We will only use the emergency release form. Nursing staff will document transfusion in Cerner.

2. Deleted section that talked about issuing units when testing is incomplete. Just issue manually; this flings too many QA failures and gets too confusing.

3. Added requirement to obtain a NEW signed emergency release form for EACH least incompatible unit issued. Currently staff are just adding units to the same form. We really need a form for every unit.

Electronic Document Control System

Document No.: WAH.BB118[2]
Title: Emergency Release of Blood Products
Owner: LESLIE BARRETT
Status INWORKS
Effective Date: 27-Nov-2015 **Next Review Date:**

Non-Technical SOP

Title	**Emergency Release of Blood Products**	
Prepared by	Stephanie Codina	Date: 10.30.2011
Owner	Stephanie Codina	Date: 10.30.2011

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 process that will be followed for the emergency release of blood products. In these situations, the provider must weigh the risk of transfusion against the risk of non-transfusion. The provider accepts responsibility for the transfusion by signing an emergency release form.
Examples include, but are not limited to,

- Release of blood products before pre-transfusion testing is complete (Ex = massively bleeding patient)
- Release of blood products that do not meet the patient's specific transfusion requirements (Ex =issuing sickle untested units to a sickle cell patient in an emergency).
- Release of blood products that yield unacceptable pre-transfusion testing results (Ex=issue of incompatible red cells to a patient with a warm autoantibody).

2. SCOPE

This procedure applies to all situations in which blood products are issued outside of normal blood bank protocol.

3. RESPONSIBILITY

All blood bank staff members must understand and adhere to this procedure when issuing blood products that do not meet routine blood bank transfusion requirements.

4. DEFINITIONS

N/A

5. PROCEDURE

Request for Emergency Release Blood Products

Step	Action
1	Hospital personnel will notify the blood bank via telephone that emergency release blood products are needed. A. The patient's name and medical record number will be provided via telephone. B. Blood bank personnel will instruct hospital personnel to complete the emergency release form. C. Blood bank personnel will instruct hospital personnel to bring one pre-printed hospital label to the blood bank for each blood product unit requested. Note: Blood bank may encounter situations in which blood products are requested BEFORE a patient arrives at the hospital or is registered to assign a name or medical record number. DO NOT withhold blood products in this situation. Issue the blood products and get the name of the person picking up the products for follow up when the patient is more stable.
2	Blood bank personnel will immediately perform a history check on the patient per procedure, "Patient History Check" if time permits. A. Review patient's antibody history. B. Review patient's transfusion requirements. C. If the patient HAS a current T&S and meets ABO retype requirements, crossmatch and issue blood products per routine procedure. No emergency release form is required. D. If the patient HAS a current T&S but DOES NOT HAVE a retype on file, crossmatch and issue universal donor products (O red cells and AB plasma products). No emergency release form is required.

Step	Action
3	If the patient does NOT have a current T&S on file, immediately select blood products for transfusion. A. Select O-negative red blood cell products. a. NEVER issue group specific blood products based on historical records. b. Do not issue group specific blood products if the ABO retype requirement has not been met. c. O-positive red cell products may be transfused with pathologist approval. Male patients and females of non-childbearing age are generally switched to Rh-positive blood products if they will use more than 4 units. B. Select AB plasma products. a. NEVER issue group specific plasma based on historical records. b. Do not issue group specific plasma if the ABO retype requirement has not been met. C. Any ABO may be issued for platelet and cryoprecipitate products. D. Select products that meet patient transfusion requirements **if possible** in the limited amount of time. Example—issue CMV-seronegative units if the patient has a CMV marker. **Do not delay transfusion** to locate units meeting the patient's transfusion requirements.
4	Pull a segment from each red cell to be issued. Label the segment with the full unit number and keep for crossmatch.
5	Place an orange "Uncrossmatched Blood" sticker on each unit to be issued.

Emergency Issue When Type & Screen Specimen is Unreceived or Incomplete

Step	Action
1	Review the emergency release form. A. Do not delay blood product issue if the form is incomplete. B. Check the applicable boxes to indicate which testing is not complete: a. Patient ABO/Rh Unknown b. Pretransfusion Tests Not Complete i. ABO/Rh ii. Antibody Screen iii. Crossmatch C. Fill in the requested information for each unit to be issued. a. Unit number/DIN b. Unit ABO/Rh c. Unit expiration date d. Type of blood product (circle correct choice) D. If the provider signature is not present, request the name of the requesting provider and print it on the blood bank copy of the form, below the signature line. This will be used for follow-up if the signed form is not returned to the blood bank.
2	Document the following information on the form. A. Date of issue B. Time of issue C. Identification of person picking up blood products D. Identification of tech issuing blood products
3	Readback does not have to be performed at the time of issue for EMERGENCY RELEASE blood products without a T&S specimen. However, the blood bank tech will ensure the following: A. The blood product is a universal donor product (group O for red cells and group AB for plasma products). B. The expiration date has not been exceeded. C. The unit number listed on the blood product and the Emergency Release form match EXACTLY.

Step	Action
4	Perform a visual inspection of the blood product. Appearances that would suggest the blood product should be quarantined include: A. Segments that appear lighter or darker in color than the primary bag contents B. Hemolysis C. Purple color to red cells D. Clots E. White particulate matter in the primary container F. Supernatant fluid that is discolored from normal appearance G. Gross lipemia H. Foreign objects in the primary container or ports I. Fluorescent green-colored plasma caused by bacterial contamination (pale green-colored plasma as a result of biliverdin or birth-control pills is acceptable) J. Dark green-brown-colored plasma due to liver or pancreatic disease
5	If more than 2 units are issued at one time, pack the blood products in a blood product cooler per procedure, "Issuing Blood Products in a 930 Medical Transport Cooler."
6	Keep one copy of the form and send the remaining copies with the blood products.
7	AFTER the blood products have been manually issued and sent to the patient care area, complete the computer documentation. A. Order a T&S specimen via "Order Entry" if not already ordered. B. Send a phlebotomist to collect the T&S specimen STAT.

Step	Action
8	Complete the patient testing. A. If a T&S sample was received: a. Test the sample per routine procedure. b. Allocate and crossmatch blood products per routine procedure. B. Notify the clinical pathologist and treating provider immediately if incompatibility (due to antibody or other cause) is detected during testing. C. If the patient is transferred or expires prior to receipt of the T&S specimen, a. Cancel the T&S specimen indicating no specimen was received. b. Place a transfuse order for the product that was released to the patient. Example = order a TRRC if red cells were issued. c. Allocate the blood products to the transfuse order. d. Result the testing. i. Enter "9" for "Not Done" in the testing grids. ii. Interpret the crossmatch as compatible by pressing the "[" key. iii. Interpret the TS field as "OK to transfuse" by pressing the "]" key. e. Add a comment indicating why the original T&S was not tested. Example = Patient transferred or expired prior to collection of T&S specimen.
9	Issue the blood products in the computer **after** the T&S specimen has been physically received or after the patient expired or has been transferred. A. Be sure to document the correct issue date and time in the LIS from the emergency release form. B. The issue of all units must be documented in the computer even when the units are later returned to inventory.
10	The patient care area will return the blood bank copy of the completed emergency release form to the blood bank following transfusion. The original form gets placed in the patient medical record. A. Place the completed form in the supervisor's box for review. B. The form will be retained per Quest policy.

Emergency Release—Testing Complete but Units Do Not Meet Specifications

Step	Action
1	This procedure is followed when a physician requests transfusion of blood products that do not meet patient specifications. Examples include but are not limited to: A. Issue of incompatible or least incompatible blood products in a patient with a warm autoantibody. B. Issue of sickle-untested units to a patient with sickle cell disease. C. Issue of homologous platelets to a patient who requires HLA-matched platelets. D. Issue of red blood cells to a patient who has an antibody and time does not allow for antigen typing the units.
2	Allocate and crossmatch units per procedure.. Override QA failures that are generated due to incomplete testing.
3	Complete an emergency release form by filling in the following information. A. Patient's name and medical record number (lower, right-hand corner) B. Patient ABO/Rh C. Unit number/DIN D. ABO/Rh of Unit E. Expiration Date of Unit F. Circle Blood Product Type G. In the "Pretransfusion tests not completed" area, check the "Other" box and indicate the reason for the emergency release on the line. Send the form to the patient care area so the physician can complete the top box and return the completed form to blood bank.
4	Blood products may be issued as soon as the signed form is returned to the blood bank. The form is maintained per blood bank procedure.
5	Issue units per procedure, "Issuing Blood Components" with a comment indicating a signed emergency release form is on file. Note: a new emergency release form is required each time a new transfuse order is placed.

6. RELATED DOCUMENTS

SOP: Patient History Check
SOP: Issuing Blood Components

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes WAB304.01, SGAH.B304.01		
000	10.22.2013	Section 5: Updated wording of patient history check step for clarity. Added statement not to withhold blood if the patient's name or MRN are unknown. Added additional instructions for resulting emergency issue when no T&S is received. Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13.	SCodina	NCacciabeve
1	10.25.15	Section 5: Deleted requirement to complete an administration record (form retired). Removed note that computer will automatically receive samples that have not been electronically received. Deleted section for issuing when testing incomplete (too confusing for staff). Added requirement to obtain a new EmerRel form with each transfuse order when issuing least incompatible units.	SCodina	NCacciabeve

9. ADDENDA AND APPENDICES

None