

Quest Diagnostics at

Shady Grove Medical Center and Washington Adventist Hospital

MEETING

MINUTES

12.08.2015

PRESENT: SGMC: 12.08.2015 @ 0635-0705: STEPHANIE CODINA, YESHIWAS BELEW, YVONNE NGWA, DIPTI PATEL, HAMERE TADESSE
 SGMC: 12.08.2015 @ 1605-1625: STEPHANIE CODINA, SARAH DELINGER, HABIBA LAKO
 WAH: 12.11.2015 @ 0645-0705: STEPHANIE CODINA, MARIA MORRIS, VANESSA ROBINSON, SHAKIMAH RODNEY
 WAH: 12.11.2015 @ 1445-1510: STEPHANIE CODINA, TARA APRELBAUM

DISTRIBUTION: BLOOD BANK STAFF MEMBERS

MEETING COMMENCED:

Item	Discussion	Action	Follow-up
Minutes			
Case Review	<p>We reviewed a case of a 13 year old male who presented to GEC with diagnosis "low platelets." T&S was collected. Patient was O-pos with a positive screen. Antibody appeared to be anti-D. DAT was positive and an antibody that appeared to be anti-D was eluted.</p> <ol style="list-style-type: none"> 1. When you see a patient with Dx low platelets who is Rh-positive with anti-D, what do you think of? A: WinRho 2. What is WinRho? A: Essentially, it is an IV dose of RhIG. WinRho is an anti-D product. It is given as a treatment for low platelets to patients with ITP who are Rh-positive. Essentially, the anti-D coats the patient's Rh-positive cells and overwhelms the immune system, so the body quits destroying platelets. 3. Typical picture: Rh-positive patient Antibody with D pattern DAT positive Eluate with D pattern Dx = low platelets, ITP, or something similar 4. How do I report this antibody? Antibody = AWIN Eluate = EAWIN YOU MUST CONFIRM THE PATIENT 	None	N/A

Item	Discussion	Action	Follow-up
	<p>GOT WINRHO BEFORE CALLING WINRHO (similar to ADRH)</p> <p>5. How do we transfuse? Some providers recommend giving Rh-positive cells. The patient is Rh-positive, and the treatment only works if we transfuse Rh-positive cells.</p> <p>Other providers recommend giving Rh-negative cells. You only need enough WinRho to coat the cells and cause a positive DAT. If the WinRho has crossed into the plasma and is hemolyzing cells (causing the low H&H), the patient has received too much. You need to give Rh-negative cells to clear the WinRho from the system.</p> <p>Our SOP says to let the provider decide.....</p>		
Schedules	<ol style="list-style-type: none"> 1. Holiday shift sign-ups are posted. Please sign up for 2016 holidays. 2. 2016 schedules are posted for BB and POC in Shift Planner. 3. We have many openings for Namrata's weekend shifts between now and the end of May. I am asking each staff member to pick up 1 shift. I will assign if you do not volunteer. 4. George Li, FT nights at SGMC, starts on December 28. <ol style="list-style-type: none"> a. Hojat will move to straight days to replace Namrata. b. Hamere will move to Hojat's Day/Evening split shift. 	None	N/A
NAAB	<p>Reminder that we should not use "NAAB" for antibodies identified in house. This should only be used for ARC ID's when ARC does not confirm historical antibodies.</p>	None	N/A
Downtime Neonatal Transfuse Orders Form	<p>We have a new form for neonatal transfuse orders. Now that we have indications built in Cerner, we need a form for downtime orders when Cerner is down. See attached.</p>		
Supplier Issues	<p>Please don't forget to write a PI/Variance report for supplier issues. These include...</p> <ul style="list-style-type: none"> • ARC not filling our orders • ARC filling our orders incorrectly • ARC billing issues • Immucor backorders • Immucor supply issues (defective RS-3 strips, defective indicator cells, etc) <p>We need to track so we have documentation of issues when we want to move to new vendors, etc.</p>	None	N/A

Item	Discussion	Action	Follow-up
Improper Attribute Orders	When a provider orders an attribute (CMV, IRR, HBS, etc) he/she MUST indicate the reason. The order screens have dropdown menus with the approved indications that will cross to Sunquest. We are seeing some orders come with "CMV" or "IRR" typed in the physician comments without an indication. We should reject these orders. Hospital policy requires a reason for special attributes.	None	N/A
Echo	Shaleen from Immucor did a lot of work on the SGMC Echo. Please let me know if you see a difference.	None	N/A
Competencies 2016	<p>2016 competencies will look different than they have in the past. The onus of completing them will be on the employee and not on the supervisor/trainer.</p> <p>We are required to have 6 elements (direct observation of testing, direct observation of QC, records review of testing, records review of QC, problem solving, and testing unknown samples). We must have all 6 elements for each test system (tube, manual capture, Echo, sickle screen, fetal screen, eluate, etc). We also have to perform competency for units (receiving, testing, modifying, etc) because we are AABB accredited.</p> <p>We will purchase unknown samples from Immucor again this year. We will NOT have MTS questions.</p> <p>More to come in early 2016.</p>	None	N/A
Open Forum	<p>MDs are ordering RHOG instead of ABO/Rh for RhIG candidacy. Stephanie to work with Cerner team to review order sets. I suspect the wrong test is in the order set for miscarriage.</p> <p>We are getting a lot of transfusion request forms that are not completed properly. Please copy the incorrect forms and put them in a file for Stephanie. I will forward to the nurse leaders. This topic was added to the transfusion Learning Suite module for 2016.</p>	None	NA

Meeting adjourned

Next meeting the week of January 4, 2016

Stephanie Codina
Recording Secretary

Fax Completed Form to x5864

<p>Red Blood Cells: (leukocyte-reduced, irradiated, CMV-negative, HbS-negative)</p> <p>_____ mLs</p> <p>Pre-transfusion Hct _____</p> <p style="text-align: right;">Date _____</p>	<p>___ Hct less than 20%</p> <p>___ Hct less than 30% with symptom or risk (check below)</p> <p>___ Hct less than 35% and on >35% O₂ hood</p> <p>___ Hct <35% and on CPAP</p> <p>___ Hct <35% with ventilation (mean pressure >6-8 mm of H₂O)</p> <p>___ Hct <45% with congenital cyanotic heart disease</p> <p>Symptoms or Risks:</p> <p>___ Tachycardia (HR>180 beats/min for 24 hours)</p> <p>___ Tachypnea (RR >80 beats/min for 24 hours)</p> <p>___ Apnea (>6 episodes in 12 hours)</p> <p>___ Bradycardia (2 occasions/24 hours requiring ventilation and medication)</p> <p>___ Low weight gain (<10 g/day over 4 days)</p> <p>___ >35% O₂ requirement</p> <p>___ On high flow nasal cannula (> 2 L/min)</p> <p>___ On CPAP</p>
<p>Platelets: (leukocyte-reduced, irradiated, CMV-negative)</p> <p>_____ mLs</p> <p>Pre-transfusion Plt Count _____</p> <p style="text-align: right;">Date _____</p>	<p>___ Platelet count <30,000</p> <p>___ Platelet count <50,000 with active bleeding</p> <p>___ Platelet count of <50,000 with risk of bleeding</p> <p>___ Platelet count <75,000 in a micropreemie <7 days old</p> <p>___ Platelet count <100,000 with invasive procedure</p> <p>___ Platelet dysfunction with active bleeding</p> <p>___ Platelet dysfunction with invasive procedure</p>
<p>Plasma:</p> <p>_____ mLs</p> <p>Pre-transfusion INR _____</p> <p style="text-align: right;">PTT _____</p> <p style="text-align: right;">Date _____</p>	<p>___ Active bleeding with coagulopathy</p> <p>___ Invasive procedure with coagulopathy</p> <p>___ Replacement of factor V</p>
<p>Whole Blood (Reconstituted): (leukocyte-reduced, irradiated, CMV-negative, HbS-negative)</p> <p>_____ mLs</p> <p>Requires 2 hours to prepare</p>	<p>___ Neonatal exchange transfusion</p>
<p><input type="checkbox"/> Telephone order from _____ MD / NP / PA _____ Date _____ Time _____ <input type="checkbox"/> RB&C (circle one)</p> <p>Provider Signature _____ ID# _____ Date _____ Time _____</p> <p>Nurse Signature _____ Date _____ Time _____</p> <p>USC Signature _____ Date _____ Time _____</p>	
<p>ONE FORM IS REQUIRED FOR EACH PRODUCT TO BE PREPARED</p>	



**DOWNTIME NEONATAL
TRANSFUSION ORDER FORM**



S7030170

Patient Identification

Fax Completed Form to x6020

<p>Red Blood Cells: (leukocyte-reduced, irradiated, CMV-negative, HbS-negative)</p> <p>_____ mLs</p> <p>Pre-transfusion Hct _____</p> <p style="text-align: right;">Date _____</p>	<p>___ Hct less than 20%</p> <p>___ Hct less than 30% with symptom or risk (check below)</p> <p>___ Hct less than 35% and on >35% O₂ hood</p> <p>___ Hct <35% and on CPAP</p> <p>___ Hct <35% with ventilation (mean pressure >6-8 mm of H₂O)</p> <p>___ Hct <45% with congenital cyanotic heart disease</p> <p>Symptoms or Risks:</p> <p>___ Tachycardia (HR>180 beats/min for 24 hours)</p> <p>___ Tachypnea (RR >80 beats/min for 24 hours)</p> <p>___ Apnea (>6 episodes in 12 hours)</p> <p>___ Bradycardia (2 occasions/24 hours requiring ventilation and medication)</p> <p>___ Low weight gain (<10 g/day over 4 days)</p> <p>___ >35% O₂ requirement</p> <p>___ On high flow nasal cannula (> 2 L/min)</p> <p>___ On CPAP</p>
<p>Platelets: (leukocyte-reduced, irradiated, CMV-negative)</p> <p>_____ mLs</p> <p>Pre-transfusion Plt Count _____</p> <p style="text-align: right;">Date _____</p>	<p>___ Platelet count <30,000</p> <p>___ Platelet count <50,000 with active bleeding</p> <p>___ Platelet count of <50,000 with risk of bleeding</p> <p>___ Platelet count <75,000 in a micropreemie <7 days old</p> <p>___ Platelet count <100,000 with invasive procedure</p> <p>___ Platelet dysfunction with active bleeding</p> <p>___ Platelet dysfunction with invasive procedure</p>
<p>Plasma:</p> <p>_____ mLs</p> <p>Pre-transfusion INR _____</p> <p style="text-align: right;">PTT _____</p> <p style="text-align: right;">Date _____</p>	<p>___ Active bleeding with coagulopathy</p> <p>___ Invasive procedure with coagulopathy</p> <p>___ Replacement of factor V</p>
<p>Whole Blood (Reconstituted): (leukocyte-reduced, irradiated, CMV-negative, HbS-negative)</p> <p>_____ mLs</p> <p>Requires 2 hours to prepare</p>	<p>___ Neonatal exchange transfusion</p>
<p><input type="checkbox"/> Telephone order from _____ MD / NP / PA _____ Date _____ Time _____ <input type="checkbox"/> RB&C (circle one)</p> <p>Provider Signature _____ ID# _____ Date _____ Time _____</p> <p>Nurse Signature _____ Date _____ Time _____</p> <p>USC Signature _____ Date _____ Time _____</p>	
<p>ONE FORM IS REQUIRED FOR EACH PRODUCT TO BE PREPARED</p>	



DOWNTIME NEONATAL TRANSFUSION ORDER FORM



W703170

Patient Identification