

TRAINING UPDATE

Lab Location: SGMC and WAH **Date Implemented:** 2.16.2018
Department: Blood Bank **Due Date:** 3.2.2018

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Emergency Release of Blood Products

Description of change(s):

1. We converted the Emergency Release form FROM a 3-part form to a 1-part form.
2. We will no longer provide a copy of the form to the floor for the patient chart.
3. If we need a provider signature, simply make a copy of the original form on the fax machine and provide it to the patient care area.
4. For least incompatible units:
 - a. Put all units for a single transfuse order on one form.
 - b. Document "NA" in the issued to, issued by, date issued, and time issued boxes; this information will get documented in the LIS at the time the units are actually issued
 - c. Keep the signed form with the allocated units until they are issued or released, so all staff members know we have a signed copy on file

Electronic Document Control System



Document No.: SGAH.BB127[4]

Title: Emergency Release of Blood Products

Owner: LESLIE BARRETT

Status: INWORKS

Effective Date: 16-Mar-2018

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
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

Review:

Print Name	Signature	Date

Document: SGAH.BB127[4] Status: INWORKS, Effective: 3/16/2018, Check Version Before Use

Form Revised 3.31.00

TABLE OF CONTENTS

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

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,

- o Release of blood products before pre-transfusion testing is complete (Ex = massively bleeding patient)
- o 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).
- o 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

Document:SGAH.BB127[4] Status:INWORKS,Effective:3/16/2018, Check Version Before Use

Form revised 3/3/00

Document:SGAH.BB127[4] Status:INWORKS,Effective:3/16/2018, Check Version Before Use

5. PROCEDURE

Request for Emergency Release Blood Products

Step	Action
1	<p>Hospital personnel will notify the blood bank via telephone that emergency release blood products are needed.</p> <ul style="list-style-type: none"> 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 which can be downloaded via forms on demand. 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. <p>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.</p>
2	<p>Blood bank personnel will immediately perform a history check on the patient per procedure, "Patient History Check" if time permits.</p> <ul style="list-style-type: none"> A. Review patient's antibody history. B. Review patient's transfusion requirements. C. If the patient HAS a current T&S, meets ABO retype requirements and if time permits, 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.

Form revised 3/3/00

Document: SGAH.BB127[4] Status: INWORKS, Effective: 3/16/2018, Check Version Before Use

Step	Action
3	<p>If the patient does NOT have a current T&S on file, immediately select blood products for transfusion.</p> <ul style="list-style-type: none"> A. Select O-negative red blood cell products. <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 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	<p>Review the emergency release form.</p> <ul style="list-style-type: none"> A. Do not delay blood product issue if the form is incomplete. B. Check the applicable boxes to indicate which testing is not complete: <ul style="list-style-type: none"> a. Patient ABO/Rh Unknown b. Pretransfusion Tests Not Complete <ul style="list-style-type: none"> i. ABO/Rh ii. Antibody Screen iii. Crossmatch C. Fill in the requested information for each unit to be issued. <ul style="list-style-type: none"> 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. Make a copy of the completed form and provide the copy to the patient care area to obtain the provider’s signature.

Document: SGAH.BB127[4] Status: INWORKS, Effective: 3/16/2018, Check Version Before Use

Step	Action
2	Document the following information on the form. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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.
4	Perform a visual inspection of the blood product. Appearances that would suggest the blood product should be quarantined include: <ul style="list-style-type: none"> 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 the original form. If signature is required, make a photocopy of form to nursing staff to obtain the provider signature.
7	AFTER the blood products have been manually issued and sent to the patient care area, complete the computer documentation. <ul style="list-style-type: none"> A. Order a T&S specimen via "Order Entry" if not already ordered. B. Send a phlebotomist to collect the T&S specimen STAT.

Form revised 3/31/00

Document: SGAH.BB127[4] Status: INWORKS, Effective: 3/16/2018, Check Version Before Use

Step	Action
8	<p>Complete the patient testing.</p> <ul style="list-style-type: none"> A. If a T&S sample was received: <ul style="list-style-type: none"> 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, <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 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	<p>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.</p> <ul style="list-style-type: none"> A. Select the "Emergency Button" when you branch from Blood Order Processing.  <ul style="list-style-type: none"> B. Document the correct issue date and time in the LIS from the emergency release form. C. The issue of all units must be documented in the computer even when the units are later returned to inventory.
10	<p>If applicable, the patient care area will return the signed copy of the completed emergency release form to the blood bank following transfusion.</p> <ul style="list-style-type: none"> A. Place the completed form in the supervisor's box for review. B. The form will be retained per Quest policy.

Form revised 3/3/00

Document: SGAH.BB127[4] Status: INWORKS, Effective: 3/16/2018, Check Version Before Use

Emergency Release—Testing Complete but Units Do Not Meet Specifications	
Step	Action
1	<p>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:</p> <ul style="list-style-type: none"> 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	<p>Allocate and crossmatch units per procedure. Override QA failures that are generated due to incomplete testing.</p>
3	<p>Complete an emergency release form by filling in the following information.</p> <ul style="list-style-type: none"> 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. <p>Send the form to the patient care area so the provider can complete the top box and return the completed form to blood bank.</p> <ul style="list-style-type: none"> A. It is acceptable to document all units on one form. B. Write "NA" in the issued to, issued by, date issued, and time issued boxes. This information will be captured in the LIS at the time each unit is issued. C. Maintain the form with the allocated units, so each blood bank tech is aware that we have a signed Emergency Release form at the time of issue. D. Place the form in the supervisor's box after all units have been issued or released.
4	<p>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.</p>
5	<p>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.</p>

Form revised 3/3/200

Document: SGAH.BB127[4] Status: INWORKS, Effective: 3/16/2018, Check Version Before Use

- 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
2	11.6.17	Header: Added WAH	LBarrett	NCacciabeve
3	2.14.18	Section 5: Updated to reflect that the form is now a single sheet (vs a 3-part form). Added requirement to issue in LIS using the "emergency" button.	SCodina	NCacciabeve

- 9. ADDENDA AND APPENDICES**
 None

Form revised 1/31/00