

TRAINING UPDATE

Lab Location: All Sites **Date Implemented:** 11/8/22
Department: Blood Bank **Due Date:** 11/15/22

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Referral of Blood Bank Workups from FWMC to WOMC and Blood Bank Workup Referral Form
Description of change(s):
<p>1. The form for referral was updated.</p> <p>If the patient HAS received RhIG within 90 days, ask if an antibody screen was performed prior to RhIG administration and results of antibody screen and antibody identification as applicable.</p> <p>This change was made, because we have received some patients that got RhIG prior to antibody screen. The patients were making true anti-D that got missed, because they were given RhIG at the doctor's office prior to antibody screen testing.</p> <p>2. If a patient has a clinically-significant antibody, crossmatch ABO/Rh compatible units on downtime (ISXM and gel XM). This will be used to select the most appropriate units if the patient requires emergency release blood products before the workup is complete.</p>



Fort Washington Medical Center

Blood Bank Workup Referral Form

Patient Information			
Name		Birthdate	
MRN		Gender	
T&S Accession		Collection Date	
Diagnosis		Transfuse Orders? Is blood needed STAT?	

FWMC Hospital Notification	
Name of person notified	
Date and time of notification	
Tech code	

Obtain Patient History	
What is the patient's pregnancy history?	<input type="checkbox"/> Currently pregnant <input type="checkbox"/> Has been pregnant in the past <input type="checkbox"/> Never pregnant <input type="checkbox"/> Pregnancy history unknown/unavailable
Has the patient received RhIG within the past 90 days?	<input type="checkbox"/> Yes date given: <input type="checkbox"/> No <input type="checkbox"/> RhIG history unknown/unavailable Was an antibody screen done prior to RhIG administration? Y N Antibody (-ies) Identified:
Has the patient been transfused?	<input type="checkbox"/> Yes, within the previous 90 days <input type="checkbox"/> Yes, but not within the past 90 days <input type="checkbox"/> Never transfused <input type="checkbox"/> Transfusion history unknown/unavailable
Has the patient been hospitalized within the past 90 days?	<input type="checkbox"/> Yes Hospital Name: Approximate Date: <input type="checkbox"/> No <input type="checkbox"/> Hospitalization history unknown/unavailable
Name and Phone Number of FWMC Hospital Contact	

Fax This Form AND Below Information to WOMC BB at 301-388-7506	
Antibody Identification Workup	Antibody screen results on antigram
ABO Discrepancy Workup	Original ABO/Rh typing results Repeat ABO/Rh typing results

Adventist HealthCare
 Site: White Oak Medical Center, Fort Washington Medical Center

Title: Referral of Blood Bank Workups from
 FWMC to WOMC

Non-Technical SOP

Title	Referral of Blood Bank Workups from FWMC to WOMC	
Prepared by	Stephanie Codina	Date: 3/9/22
Owner	Stephanie Codina	Date: 3/9/22

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:

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1. **PURPOSE**
 To define the process for referring blood bank workups from Fort Washington Medical Center to White Oak Medical Center.

 2. **SCOPE**
 This procedure applies to any Fort Washington Medical Center Blood Bank specimen that needs to be referred to White Oak Medical Center for additional testing.

 3. **RESPONSIBILITY**
 All blood bank staff members must understand and adhere to this procedure when referring blood bank specimens for testing.

4. DEFINITIONS
 NA

5. PROCEDURE

Step	Action
1	<p>Each T&S order placed at FWMC will generate a separate “BBWO” order.</p> <ul style="list-style-type: none"> A. The BBWO order requires the collection of a 6mL pink tube of blood. B. The specimen does not require labeling with the BB/TS arbanding system. Labeling should include the patient’s full name and medical record number, date and time of collection, and the collector’s ID or initials. Refer to the “Sample Specifications for Blood Bank Testing” procedure for additional details. C. The BBWO tube will be referred to WOMC with the next available courier using routine tracking. D. Blood bank staff will result the BBWO test using the code “ATWO” which translates to “Additional Tube at White Oak Medical Center.” <p>The BBWO tube will be used to complete additional blood testing as indicated based on the T&S results. The original T&S tube will remain at FWMC for crossmatch testing after the workup is complete.</p> <p>The specimen should be sent via STAT courier if the patient is awaiting transfusion.</p>
2	<p>FWMC staff will perform the T&S testing from the primary T&S tube (the one with the BB/TS labeling system).</p>

Step	Action
3	<p>FWMC staff will complete the “Blood Bank Workup Referral Form” when additional workup is required.</p> <ul style="list-style-type: none"> A. Complete the patient information section of the form. <ul style="list-style-type: none"> a. Document the patient’s full name, medical record number, birthdate, gender, and diagnosis. b. Document the T&S accession number and collection date. c. Indicate if transfuse orders have been placed. B. Immediately notify the patient care area when testing indicates the need to refer a specimen for additional testing. This includes, but is not limited to, a positive antibody screen or ABO discrepancy. <ul style="list-style-type: none"> a. Document the name of the person notified and time of notification on the form. b. Inform the patient care area that crossmatch compatible blood products will be delayed. c. Offer emergency release blood products as needed. C. Immediately notify the patient care area when testing indicates the need to refer a specimen for additional testing. This includes, but is not limited to, a positive antibody screen or ABO discrepancy. <ul style="list-style-type: none"> a. Document the name of the person notified and time of notification on the form. b. Inform the patient care area that crossmatch compatible blood products will be delayed. c. Offer emergency release blood products as needed. D. Ask the patient’s primary nurse or provider the following questions and document the responses on the form. <ul style="list-style-type: none"> a. What is the patient’s pregnancy status? b. Has the patient received RhIG in the past 90 days? c. If the patient has received RhIG, was an antibody screen performed prior to the RhIG administration? If yes, what were the results (positive or negative and antibodies identified). d. Has the patient been transfused within the previous 90 days? e. Has the patient been hospitalized within the previous 90 days? If yes, determine the hospital name/location and approximate admission date. f. Does the workup need to be completed STAT?
4	<p>Fax the completed form and the supporting documents to the WOMC laboratory. Call the blood bank at 240-637-5160 to ensure they received the paperwork.</p> <ul style="list-style-type: none"> A. Send the completed antigram for positive antibody screens. B. Send downtime documentation of the original and repeat ABO testing for ABO discrepancy workups.
5	<p>FWMC will immediately screen for compatible units by performing crossmatch (immediate spin and gel) of any ABO/Rh compatible units to the patient specimen using downtime procedures. These will be used to help assess which units will be best suited for the patient should emergency release blood be requested.</p>

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Title: Referral of Blood Bank Workups from
 FWMC to WOMC

Step	Action
6	WOMC staff members will complete the workup (including resulting and billing) per procedure. <ul style="list-style-type: none"> A. Blood products may be provided by WOMC blood bank or ordered from Inova Blood Donor Services. Avoid sending ARC units to FWMC due to contract and billing issues. B. Crossmatching may be performed at WOMC to ensure blood products are compatible. C. FWMC staff must perform IS and gel crossmatch testing (as indicated per procedure) using the primary tube labeled with the TS/BB labeling system when red cells are shipped from WOMC.

6. RELATED DOCUMENTS

Sample Specifications for Blood Bank Testing Procedure
 FWMC Crossmatch Procedure
 Blood Bank Referral Form (AG.FW31)

7. REFERENCES

NA

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
1	11/2/22	Added requirement to ask if an AbS and ABID were performed prior to giving RhIG. Added requirement to screen units via downtime crossmatch for patients with positive antibody screens.	SCodina	SBeltaifa

9. ADDENDA AND APPENDICES

NA