TRAINING UPDATE

Lab Location:	All Sites	**Date Implemented:**	1/5/2026
Department:	All Departments	**Due Date:**	1/31/2026

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Neonatal Emergency Transfusion Protocol
Description of change(s):
Added instructions for processing blood on infants that have not been registered (ie during labor or immediately after birth). 1. Blood gets requested using mom's identifiers and writing "Baby of" next to the name. 2. Blood bank will issue on the infant after he/she is registered. 3. The unit will be issued using the mom's identifiers and adding a comment that it was used for the infant if the baby is not registered (ie fetal demise).

SGAH.BB886 Neonatal Emergency Transfusion Protocol

Copy of version 4.0 (approved and current)

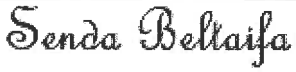
Last Approval or Periodic Review Completed	1/1/2026
Next Periodic Review Needed On or Before	1/1/2028
Effective Date	1/1/2026

Controlled Copy of a Manual ID 20539

Location	SGMC & WOMC BB vol 4 and FWMC BB Manuals as appropriate
Organization	Adventist HealthCare

Description

Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Approval	Lab Director	1/1/2026	4.0	 Senda Beltaifa MD	
Approval	BB approval	12/24/2025	4.0	Stephanie Codina	
Approval	Lab Director	7/13/2025	3.0	 Senda Beltaifa MD	
Approval	Lab Director	2/28/2025	3.0	 Nicolas Cacciabeve	
Approval	BB approval	2/28/2025	3.0	Stephanie Codina	
Periodic review	Medical Director	3/3/2023	2.0	 Nicolas Cacciabeve	
Periodic review	BB	3/3/2023	2.0	Stephanie Codina	
Approval	Lab Director	2/22/2021	2.0	Nicolas Cacciabeve	
Approval	BB approval	2/22/2021	2.0	Stephanie Codina	
Approval	QA approval	2/22/2021	2.0	Leslie Barrett	
Periodic review	Medical Director	12/15/2020	1.0	Nicolas Cacciabeve	
Periodic review	BB	11/23/2020	1.0	Stephanie Codina	
Periodic review Captured outside MediaLab	Designated Reviewer	6/25/2018	1.0	Nicolas Cacciabeve	Recorded on 7/5/2019 by Leslie Barrett (104977) when document added to Document Control
Approval	Lab Director	8/29/2016	1.0	Nicolas Cacciabeve	Recorded on 7/5/2019 by Leslie Barrett (104977) when document added to Document Control

Approvals and periodic reviews that occurred before this document was added to Document Control may not be listed.

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
4.0	Approved and Current	Major revision	12/24/2025	1/1/2026	Indefinite
3.0	Retired	Major revision	2/28/2025	2/28/2025	1/1/2026
2.0	Retired	Major revision	2/22/2021	4/5/2021	2/28/2025
1.0	Retired	First version in Document Control	7/5/2019	8/31/2016	4/5/2021

Non-Technical SOP

Title	**Neonatal Emergency Transfusion Protocol**	
Prepared by	Stephanie Codina	Date: 9.11.2014
Owner	Stephanie Codina	Date: 9.11.2014

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:	

TABLE OF CONTENTS

1. PURPOSE

This procedure applies to any situation in which blood is required urgently for a neonate AND the time needed to obtain blood products that meet certain specifications or prepare a neonatal aliquot may adversely impact patient care.

2. SCOPE

This procedure applies to any neonate who requires urgent transfusion. This serves as both the emergency release and massive transfusion protocol for neonates.

3. RESPONSIBILITY

All blood bank staff members must understand and adhere to this procedure when issuing blood products for neonates urgently.

4. DEFINITIONS

Neonate: Any infant <120 days in age.

5. PROCEDURE

Step	Action
1	Blood bank staff members should remind the patient care area that emergency release blood products are available for transfusion in urgent situations. These include situations in which a neonate is actively bleeding or severely anemic due to immune destruction (such as hemolytic disease of the newborn).
2	An emergency release form is required when issuing blood products that are urgently needed for patient care and do not meet routine neonatal transfusion specifications, because the physician has determined that the time necessary to obtain an optimal product with desired attributes will jeopardize patient safety. Document in the "Other" area of the form the product attributes that were not met per blood bank procedure.
3	When blood products are urgently needed for a neonate that is not yet registered (ie prior to delivery or immediately after birth): A. Use the mother's identifiers with the written designation "Baby of". B. Issue the product using downtime procedures. C. Obtain the baby's identifiers as soon as they are available. D. Issue the blood product(s) in Sunquest using the baby's identifiers per downtime recovery procedures.
4	In **EMERGENCY** situations, immediate restoration of oxygen-carrying capacity with red cell transfusion is the most important priority. Red cell attributes will be honored as time permits. In an emergency, select a red cell unit that meets the following specifications: • Group O, Rh-negative • CPDA-1 or AS-3 anticoagulant whenever possible • Leukocyte-reduced • Hb S negative, if readily available • Irradiated, if time permits
5	If the mother of the neonate has a clinically-significant antibody, select red cells negative for the corresponding antigen as time permits. A. **Ask the provider if he/she would like us to take the time to antigen type the unit prior to issue to avoid potential cell destruction.** B. Document the discussion in the shift communication log. C. Document antigen untested units in the "Other" area of the Emergency Release form.
6	Issue the **ENTIRE** red cell unit to the patient care area. A. DO NOT ALIQUOT. The patient care area will pull blood off with a syringe and transfuse the required amount. B. Issue the blood product in a cooler per procedure.

Step	Action
7	If other products are requested, communicate with the patient care area to determine urgency. A. If time permits, aliquot products per procedure. B. If transfusion is urgent, meet as many required transfusion attributes as necessary and issue a full unit to the floor. a. Platelets: i. Group AB, Rh-compatible ii. No visible red cell contamination iii. If PRT platelets are not available, try to obtain platelets that are irradiated, CMV-seronegative, and leukocyte-reduced b. Plasma i. Group AB ii. Type specific if the patient has an ABO retype on file

6. RELATED DOCUMENTS

SOP: Emergency Release of Blood Products
SOP: Massive Transfusion Protocol
SOP: Issuing Blood Products in a 930 Medical Transport Cooler

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
0	8.25.16	Header: Add WAH, correct SOP title	LBarrett	NCacciabeve
1	2/18/21	Header: Changed WAH to WOMC Section 5: Removed requirement for platelets to be IRR, CMV, and LEU unless PRT platelets are not available.	SCodina	NCacciabeve
2	2/28/25	Removed the requirement to issue CMV negative if readily available	SCodina	NCacciabeve
3	12/24/25	Added instructions for providing blood to neonates that are not registered	SCodina	SBeltaifa

9. ADDENDA AND APPENDICES

None