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| Policy Statement | The Saint Agnes Hospital Transfusion Service will have a process for the provision of blood and blood components before the completion of pretransfusion testing when a delay in transfusion could be detrimental to the patient. |
| Purpose | To provide a standardized means for transfusing patients in urgent situations when pre-transfusion testing is incomplete and/or when compatibility testing is either incomplete or incompatible. |
| **Scope** | This procedure is applicable to all patient care areas and to the Transfusion Service. |
| **Responsibility** | **Requesting Physician:**  When the need for emergency released products is indicated, enter the request through the CPOE via the Blood Bank order set: RBC Emergency Release. During a downtime, document the order on a paper copy of the “Blood Product Order Form.” Ensure the Transfusion Service is notified via telephone at the time of request.  **Transporter**  A completed “Requisition Form: Blood Products” is required to release blood products from the Transfusion Service. Blood should be transported directly from the Transfusion Service to the patient care area.  **Nursing/Transfusing Associate(s):**  Ensure that a type and screen (TYSC) specimen is collected as early as possible in the transfusion sequence. When the blood arrives, perform positive patient identification and transfuse the blood product according to physician orders and the administration of blood procedure.  **Transfusion Service Technologist:**  Provide emergency released blood products as expeditiously as possible while ensuring that the patient’s history is verified, appropriate products are selected and all documentation is complete. |

**Procedure**

1. Initial notification of the need for emergency release blood products is possible in different ways
   1. Meditech LIS pending log
      1. Print the requisition inquiry from the pending log for use in confirming patient identifiers when issuing blood products in advance of transporter arrival
      2. If no phone call was received, call the patient care area and confirm the patient information and validity of the request
   2. Phone call from patient care area
      1. Document
         1. Full name
         2. Medical record (or John Doe) number
         3. Gender/Age
         4. Total requested product(s)
         5. Requesting physician
         6. Person you spoke with
      2. Read the information back as a verification
   3. Transporter arriving with Requisition Form: Blood Products
      1. If the Requisition Form: Blood Products is not complete or not provided, call the patient care area and confirm the patient information and validity of the request.
      2. Document the information relayed onto a Requisition Form
2. Check to see if the patient has a current type and screen (TYSC)
   1. If the patient has a valid TYSC (from the current stay) and has either history or a completed RETYPE specimen, make every effort to provide ABO/Rh-specific, crossmatch-compatible RBCs, if time permits. Note: if the TYSC specimen has expired, it may be extended.
   2. If the patient has a valid TYSC but no previous history and no RETYPE completed, emergency release of group O RBCs and group AB plasma is required.
   3. If the patient has a historical blood type but does not have a valid TYSC from the current admission, emergency release of group O RBCs and group AB plasma is required.
   4. If the patient has no TYSC or an incompletely tested TYSC, emergency release of group O RBCs and group AB plasma is required.
      1. If a TYSC specimen has not been received be sure to request collection as soon as possible
      2. Specimen acceptability criteria continue to apply even under emergency circumstances
3. Check for blood bank history information
   1. If the patient has history of clinically significant antibodies or of special transfusion requirements (i.e. irradiated, etc)
      1. Notify the patient’s physician (or responsible caregiver such as RN, PA, etc., if unable to reach physician) and document the notification appropriately in Meditech and/or on the patient’s consult form.
      2. If the decision is made to continue to emergency release RBC units for the patient, make every effort to select appropriate blood products (i.e. match special transfusion requirements, provide antigen negative blood) if available
4. Select appropriate blood products for the patient’s gender, age and blood bank history
   1. Females <50 years of age and males <4 months of age – select **O Neg** red blood cells for emergency release
      1. If the inventory of O Neg red blood cells is critically low (<8 units) and re-supply from American Red Cross is unavailable, O Pos units may be required for release
         1. Provide an initial batch of one or two O Neg red blood cell units, depending on the amount requested (maximum of two)
         2. Notify the patient’s physician and the pathologist of the need to switch Rh
         3. Document with Variance from Standard Operating Procedure (TRAN 8004 F)
         4. The object is to preserve the Rh Neg supply by transfusing Rh Pos blood earlier in the hemorrhage sequence and switching to limited Rh Neg transfusions for Rh Neg patients once bleeding has been controlled
         5. If the patient receives Rh Pos red blood cells and their pre-transfusion testing identifies the patient as Rh Neg, the need for Rh Immune Globulin will be evaluated
   2. Females >50 years of age and males of >4 months of age – select **O Pos** red blood cells for emergency release
   3. Males and females of all ages should receive **AB** thawed plasma products
5. Label the blood products, issue as emergency release, and box the products on ice – in advance of pickup if the transporter is still en route
   1. Save a pair of labeled segments from all RBC units released
   2. During computer downtime
      1. Handwrite a Transfusion Record and attach to the blood
         1. Patient’s medical record (or John Doe/downtime) number
         2. Full name (Last, First)
         3. Blood type of the product
         4. Donor identification number (DIN) of the product
         5. Product expiration date
      2. Document the issue on the downtime sign out log (TRAN 7001 F2)
   3. When the computer system is operational
      1. Issue the product in the LIS under “Emergency Issue”
      2. Print the crossmatch card (Transfusion Record) and attach to the blood product
         1. If a historical blood type prints out, line through and initial
   4. Apply an emergency release sticker to the Transfusion Record
   5. If more than one unit is being issued, box the products on ice
6. Release the blood to the transporter after verifying that the information from the Requisition Form: Blood Products matches the blood to be issued
   1. If the requisition form is incomplete or not available, blood can be released to the transporter by confirmation with the patient’s nurse or physician via phone call
   2. Document the information from the phone call onto a Requisition Form
7. Fill out an “Emergency Release of Blood” form and send it to the patient location to be signed by the requesting physician when the situation has calmed down
   1. Save the “Blood Bank” copy of the form
8. Complete all required testing as soon as possible after specimen receipt
   1. If a clinically significant antibody is identified in the patient’s plasma and the unit(s) issued for the patient was not phenotypically appropriate or if the crossmatch is incompatible or if it is learned of special transfusion requirements for the patient that were not satisfied and could affect patient safety
      1. Notify the patient’s physician and the Transfusion Services Medical Director or designee immediately
      2. If crossmatches are serologically incompatible but the physician wants to continue to transfuse, enter the results of the crossmatch as “Least Incompatible” in Meditech so the blood product is able to be documented in the TAR.
   2. Document with an ORF and Variance from Standard Operating Procedures (TRAN 8004 F)
9. Store documentation in the Emergency Release hanging wall folder for review

**Notes for Problem Patients**

1. When the Emergency Release procedure is required for least incompatible crossmatches due to warm autoantibody, atypical serological reactivity or incomplete antibody identification
   1. Blood products selected should be as close as possible to a phenotypic match with the patient
   2. There should be documentation in the patient’s history or consultation that least incompatible crossmatches are acceptable for this patient
   3. When blood is requested for release and there is no documentation in the patient’s history or consultation that least incompatible is acceptable
      1. In non-emergent transfusion scenarios, samples may be submitted to the immunohematology reference laboratory for study
         1. Notify the patient’s physician that crossmatch compatible blood is unavailable and that there will be a delay while samples are submitted for reference testing
         2. Document with an ORF
      2. In emergent transfusion scenarios, the blood can be released
         1. Notify the patient’s physician (or responsible caregiver such as RN, PA, etc., if unable to reach physician) that the blood products will not be crossmatch compatible
         2. Document circumstances with an ORF and a Variance from Standard Operating Procedures (TRAN 8004 F)
   4. All communications should be documented appropriately
2. Except in emergent transfusion scenarios, the “Emergency Release of Blood” form should be signed by the requesting physician prior to the release of the blood product(s)
3. Ensure that a signed copy of the “Emergency Release of Blood” form makes it to the patient’s chart
4. Document with Variance from Standard Operating Procedures (TRAN 8004 F)