

EMERGENCY RELEASE UNCROSSMATCHED BLOOD – SAH, SCH, SFH

- St. Joseph Medical Center Tacoma, WA
 St. Clare Hospital Lakewood, WA
 St. Elizabeth Hospital Enumclaw, WA
 St. Francis Hospital Federal Way, WA
 St. Anthony Hospital Gig Harbor, WA
 PSC

PURPOSE

To provide instruction for issuing uncrossmatched blood in emergency situations at SAH, SCH, SFH.

BACKGROUND

There are situations in which delay in providing blood may jeopardize the patient. When blood is urgently needed, and the physician has made the decision that the risk of delaying transfusion outweighs the risk of transfusing uncrossmatched blood, emergency released uncrossmatched blood is provided.

The patient’s record must contain a signed statement of the requesting physician indicating that the clinical situation was sufficiently urgent to require release of uncrossmatched blood. The Emergency Release Form is available for this purpose. Send a Transfusion Record Form with each unit for quick nursing documentation.

RELATED DOCUMENTS

- | | |
|-------------|-------------------------------------------------------------------------|
| M-W-TS0106 | Previous Record Check for Remote Sites |
| R-PO-TS0300 | Blood Component Selection Policy |
| M-PR-TS0312 | Emergency Release Process – SAH, SCH, SFH |
| R-W-TS0317 | Safe-T-Vue Temperature Indicator Use |
| M-W-TS0319 | Downtime Shipping, Receiving, and Issuing at Remote Sites |
| R-F-TS1036 | Downtime Issue Log |
| R-W-TS0322 | Pre-labeling Units Designated for Emergency Release |
| R-W-TS0323 | Adding Patient Information to Pre-labeled Emergency Release Blood Units |
| R-W-TS0403 | Packing Blood Components for Transport |
| R-F-TS1020 | Emergency Blood Transport Log |

SUPPLIES / EQUIPMENT

- Pre-labeled Emergency O Negative or O Positive RBC units
- Emergency Release Form
- Emergency Blood Transport Log
- Wet Ice
- Transport Container

POLICY

Do not delay the release of emergency O Neg or O Pos blood for any reason. The provider who requests emergency release has already made the determination based on clinical evidence that the patient urgently needs to be transfused. Inappropriate delays greatly increase the risk of patient mortality. Our first priority is to take care of the patient.

Critically Urgent Cases

1. This level of urgency can be determined from the initial phone call from the clinical unit to the blood bank or from the runner.
 - Listen to the stress in the speaker’s voice.
 - Ask them how badly the patient is bleeding if they don’t volunteer the information.
 - Phrases like “bleeding out all over the floor”, “blood squirting out all over the room”, etc., are an indication of the dire straits the patient is in and must be taken at face value.

2. If the urgency is so great that the runner does not have a patient sticker when arriving at the blood bank, have them write down the patient name or trauma name on a piece of paper.
3. Peel off unit number sticker(s) from the back of each unit and adhere them to the paper
4. Give the units directly to the runner to transport along with the Emergency Release Form. Do not take time to pack them in a cooler. Do not take time to write the patient information on the Transfusion Record Form
5. Depending on staffing:
 - Follow the runner to the clinical unit so that you may assist in writing down patient information on the Transfusion Record Forms
 - Or request that clinical staff write the patient name on the forms.
6. Request that a banded blood bank specimen be drawn immediately.
7. If you did not follow the runner to the patient's location, make a follow up call to the clinical unit to verify the patient's name and date of birth.
8. Dispense the blood in Cerner
9. If at any time you need assistance please call Dr. Wilkinson (pager # 253-596-9219), but do not delay the release of blood. .

All Other Cases

1. Talk directly to the provider (MD, PA, or RN) to determine the severity of the bleed. Be aware that other reasons exist for issuing emergency release blood such as cardiac problems.
2. Make every effort to dispense the blood PRIOR to giving the blood to a runner or taking the blood to the clinical unit yourself. If the urgency of the situation requires that you take the blood up prior to dispensing, return to the lab immediately and dispense the blood properly in Cerner using the date and time it left the lab as the time of dispense.
3. In an emergency, the Epic blood pick-up slip may not be available, so the older version of the pick-up slip, a patient sticker, or handwritten patient label may be used.
4. O Neg RBCs are normally provided when uncrossmatched blood is issued for the first 2 units of blood. If the patient continues to bleed and more than 2 units of blood are required, switch the patient to O Pos RBCs if they fit the bulleted criteria in #5 below, unless they have a history of anti-D.
5. For Code H situations or heavily bleeding patients, policy allows the immediate issuing of O Pos RBCs to patients in the following categories.
 - Males \geq 16 years
 - Females \geq 50 years.
6. Under the direction of SJMC blood bank techs, switch to type-specific blood as soon as SJMC has determined a valid blood type. SJMC will call to notify when this switch is appropriate. SAH, SCH, SFH techs will never initiate this change without direction.

The type-specific process is as follows:

- SJMC will complete ABORH testing and enter the results into Cerner
- SJMC will reserve the blood to the patient in Cerner and remote print a transfusion record to the correct hospital
- SAH, SCH, or SFH tech will:
 - Check PTC to be certain the patient's blood type is displayed

- Take the transfusion record to the blood bank refrigerator and locate the correct unit.
- Carefully compare the unit to the transfusion record. If everything matches, the unit will be tagged for dispense to the patient.

INITIAL STEPS

1. Clinical unit calls, requesting emergency uncrossmatched blood
2. Ask the following questions. Take note of the answers
 - Is the patient hemorrhaging?
 - If not hemorrhaging, what is the situation?
 - How many units needed?
 - Has the patient been registered?
 - Patient name? If name is unknown, what is the pseudonym?
 - DOB?
 - MRN? If not registered yet, is there a pseudonumber?
 - Patient location?
 - Is patient already wearing a Typenex blood band?
3. If a Typenex blood band is NOT already on the patient, ask them to immediately:
 - Blood Band the patient
 - Draw and send a blood-banded specimen STAT to the lab.

Note: A Lab Assistant may be dispatched to draw the patient's blood.
4. If the patient already has a Typenex blood band, phone the SJMC TS for instructions on how to proceed. It may indicate that a valid Type and Screen or Type and Crossmatch is on file. Follow the SJMC tech instructions.
5. If the patient's name is known, perform Previous Record Check
6. **If the Previous Record Check reveals the patient has a positive antibody history or a special attribute flag such as LRI or IRR, call SJMC Transfusion Service IMMEDIATELY and tell them the situation, patient name, and history *before proceeding*.** Follow any instructions that the SJMC tech supplies.

DOCUMENTATION STEPS

1. Remove the pre-labeled, uncrossmatched blood from the refrigerator, along with the Emergency Release Form and the Blood Transport Log.
2. Add patient information to the pre-labeled emergency release units
3. Attach a BBID sticker from the patient (if available) to each RBC unit
4. Place an "Uncrossmatched" sticker on each unit
5. Complete the Emergency Release Form
 - Check the box on the form appropriate to the situation
 - Record the unit numbers and ABORH of the unit. (Stickers from the reverse of the unit may be used).
 - Write patient identifiers in the lower right-hand corner, or use a patient hospital label. Include patient name, DOB, and MRN (if available).
 - Sign and date the form
 - If physician has not already signed the form, transport it with the blood for signature.
6. Complete the Emergency Blood Transport Log with available patient information and unit # stickers.

7. Pack the units on wet ice in cooler and attach temperature indicators
8. Make a copy of the emergency Release form and Emergency Transport Log
 - Leave the originals with the units in the cooler
 - Keep the copies in the blood bank

ISSUE OF BLOOD STEPS FOR REGISTERED PATIENTS

If taking blood in cooler to clinical unit	If dispensing to runner from the unit
1. Ask a second lab tech to assist in doing patient and unit ID checks and issue the unit to you.	1. Runner arrives to pick up blood, bringing a pick-up slip with patient label on it.
2. Dispense the unit in Cerner (DIS) <ul style="list-style-type: none"> • Enter the MRN and review any comments • Press RETURN • Scan in all the unit numbers of the RBCs being dispensed • Press RETURN • Computer will prompt: "INVALID UNIT STATUS – DISPENSE? Y/N?" • Answer "Y". Choose reason "01", "Emergency Release Uncrossmatched Blood" from the menu OR choose reason "02" Group & Type Specific Uncrossmatched • RETURN through the "Doctor Field". RETURN again • Complete remaining fields • A blood Transfusion Record will be generated. • Attach patient label from form to reverse of the correct unit • Attach Transfusion Record form to appropriate unit in case it is needed (situation too urgent to go through the Epic process) 	
3. Double-check to be certain a temperature indicator is attached to each unit & units are packed on wet ice.	
4. Transport cooler to the patient care unit.	4. Give the cooler to the runner for transport to the patient care unit.

ISSUE OF BLOOD STEPS FOR UNREGISTERED PATIENTS

If taking blood in cooler to clinical unit	If dispensing to runner from the unit
1. Ask a second lab tech to assist in doing patient and unit ID checks and issue the unit to you.	1. Runner arrives to pick up blood, bringing a pick-up slip with patient label or handwritten name on a piece of paper.
2. Use the Downtime Issue procedure and make a record of the unit dispensed on the Downtime Issue Log <ul style="list-style-type: none"> • Verify the order by having the runner (or a qualified person on the clinical unit) read the name, date of birth, and medical record number (if available) from the patient pickup slip. • Issue units by handwriting patient information from the patient pickup slip or from the information received by telephone call. • Record unit information on the downtime log. • Have the runner read the information from the unit and the Transfusion Record as you check the information on the Downtime Issue Log. • Sign the Downtime Issue Log, and have the runner sign the appropriate space on the Downtime Issue Log. 	
3. Double-check to be certain a temperature indicator is attached to each unit & units are packed on wet ice	
4. Transport the cooler to the patient care area	4. Give the cooler to the runner for transport to the patient care unit.

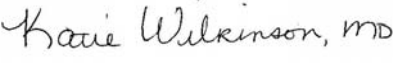
FINAL STEPS

1. **IMMEDIATELY** after issue of blood, arrange STAT transport of the patient sample to SJMC Transfusion Service for crossmatching of the units you just issued.
2. Call SJMC Transfusion Service and alert them that you just issued uncrossmatched blood. Report the unit numbers of the units issued.
3. Watch to make sure the patient specimen is picked up for transport in a timely fashion.
4. Upon completion of the testing at SJMC, another Blood Transfusion Record for each unit will print. These forms will record the important information that the unit was found to be compatible. Currently this is the only place in the chart that this information can be recorded. The HIS as now set up does not contain any record of compatibility testing.
5. Notify the physician that the testing is complete, and forward the "Chart" copy" of the Blood Transfusion Record to the clinical unit for inclusion in the chart.
6. Obtain the signed Emergency Release Form from the patient care unit, make a copy and send to SJMC Transfusion Service. Return the original to the chart.

REFERENCES

AABB Standards for Blood Banks and Transfusion Services, current version

AABB Technical Manual, current version

DOCUMENT APPROVAL Purpose of Document / Reason for Change:			
<ol style="list-style-type: none"> 1. To update and better describe the method for emergency release at SAH, SCH, SFH 2. To define when to switch from O Neg to O Pos to Type-Specific blood 3. Put in new document control format 4. Added Related documents section 5. Broke out how to dispense blood to registered vs. unregistered patients. 			
<input type="checkbox"/> <i>No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.</i>			
Committee Approval Date	<input checked="" type="checkbox"/> Date: <input type="checkbox"/> N/A – revision of department-specific document which is used at only one facility	Medical Director Approval <i>(Electronic Signature)</i>	 4/9/14