

**BLOOD PRODUCT INVENTORY POLICY**

- 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    
  Highline Medical Center Burien, WA    
 PSC

**POLICY**

The FHS Transfusion Service maintains inventory of blood products adequate to meet the needs of the patients it serves.

**MINIMUM INVENTORIES**

**SJMC**

	O POS	O NEG	A POS	A NEG	B POS	B NEG	AB POS	AB NEG
<b>LRBCs</b>	50	29	50	16	13	8	10	5
<b>LIRBCs</b>	8*	5	8*	5	5			
<b>FFP</b>	30		30		20		20	
<b>PEDI FFP</b>							2	
<b>THPLS</b>							2	
<b>CRYO</b>	10 pre-pooled units containing 5 cryo – any blood type. Keep 2 AB single cryo for neonatal use							
<b>PLT</b>	5-6 pheresis, KEEP AT LEAST TWO PPH ON TRAUMA DAYS							
<b>SPECIAL</b>	2 O Neg CPDA-1 pedi-pak unit, < 5 days old, CMV Neg, irradiated (1 ordered on Tuesdays & 1 ordered on Fridays)							

\*10 units when going into a weekend or holiday situation

\*\*It may be necessary to slightly bump up inventory orders on Friday in order to cover anticipated weekend usage so that products will not need to be ordered each day.

**SAH**

	O POS	O NEG	A POS	A NEG	B POS	B NEG	AB POS	AB NEG
<b>LRBCs</b>	10	8	10	4	4		2	
<b>LIRBCs</b>	2	2	2					
<b>FFP</b>	8		8		4		8	
<b>Cryo</b>	2 pre-pooled units containing 5 cryo – any blood type							

**SCH**

	O POS	O NEG	A POS	A NEG	B POS	B NEG	AB POS	AB NEG
<b>LRBCs</b>	10	8	10	4	4		2	
<b>LIRBCs</b>	2	2	2					
<b>FFP</b>	8		8		4		8	
<b>Cryo</b>	2 pre-pooled units containing 5 cryo – any blood type							

**SFH**

	O POS	O NEG	A POS	A NEG	B POS	B NEG	AB POS	AB NEG
<b>LRBCs</b>	10	8	10	4	4		2	
<b>LIRBCs</b>	2	2	2					
<b>FFP</b>	8		8		4		8	
<b>Cryo</b>	2 pre-pooled units containing 5 cryo – any blood type							


## MONITORING INVENTORY

1. Using USR (Unit Status Report), an inventory report of all short-dated units is generated daily.
2. Using BSR (Blood Bank Status Report), an inventory report is generated for each site per day.
3. The inventory sheet is prepared and is faxed to CRBS (Cascade Regional Blood Services) each weekday by 0600 - 0730. On Saturdays (or as requested by CRBS), only platelet inventory is reported.
4. Orders are placed daily to bring inventory levels up to the above minimums.
5. Any short dated units are flagged for priority use.
6. Please flex standing inventories up (all sites) in anticipation of extreme weather conditions or significant transportation issues

## REFERENCES

AABB Technical Manual, current edition

AABB Standards for Blood Banks and Transfusion Services, current edition

<b>DOCUMENT APPROVAL Purpose of Document / Reason for Change:</b>			
<ol style="list-style-type: none"> <li>1. Reduced inventory levels by 20% for red cells</li> <li>2. Added pre-pooled cryo inventory to SAH, SCH, SFH</li> <li>3. Removed need to monitor thawed plasma levels at all facilities.</li> </ol>			
<input type="checkbox"/> No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.			
<b>Committee Approval Date</b>	<input checked="" type="checkbox"/> Date 12/11/2014 <input type="checkbox"/> N/A – revision of department-specific document which is used at only one facility	<b>Medical Director Approval</b> <i>(Electronic Signature)</i>	 <b>12/5/14</b>