New Vision Medical Laboratories St. Rita's Medical Center Lima, Ohio Technical Procedure	New Vision Medical Laboratories	Procedure Number: nvml.bb.qc.t.012 Procedure Initiated: 2/25/1986

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SUBJECT: REISSUE OF BLOOD UNITS

1. PRINCIPLE:

Blood that has been returned to the Blood Bank shall not be reissued for transfusion unless certain conditions have been assured. All seals and closures must be intact as well as all labeling on the unit. Inspection for abnormal color or appearance must be satisfactory. Proper temperature must have been maintained. The nursing policy requires that the nurse start the transfusion within 10-15 minutes of receipt of unit. If they are not able to start transfusion the unit should be returned to the blood bank or stored in a validated appropriately packed cooler until transfusion can be started. Validated coolers are only available to 6O,OR,ED and Labor and delivery.

2. CLINICAL SIGNIFICANCE:

NA

3. SPECIMEN:

A. COLLECTION AND PROCESSING:

NA

B. REJECTION:

NA

C. STORAGE AND PRESERVATION:

NA

4. REAGENTS, STANDARDS, AND CONTROLS:

A. PREPARATION:

NA

B. CONTROL PROCEDURE:

NA

5. EQUIPMENT:

A. INSTRUMENTS:

NA

B. MICROSCOPIC EXAMINATIONS (AND REJECTIONS):

NA

6. PROCEDURE:

A. PERFORMANCE:

1. Return of blood
   a. Inspect unit for intact seals.
   b. Inspect unit for intact labels.
   c. Inspect unit for abnormal color and appearance.
   d. Inspect the temperature indicator for proper temperature. A bright red is not allowed.
   e. Must have 1 segment attached.
   f. Go into Inventory, Product Order Service, Return
      i Put in the patient's name
      ii Mark the unit returned by hitting (enter) and (ESC)
      iii Type in the time of return and the nurse's name
      - If the temperature indicator is white or speckled, unit is acceptable leave status as S (Selected)
      - If the temperature indicator is questionable and you are not able to determine if it is acceptable, change the status to Q (Quarantined)
      - If the does not have a temperature indicator attached or the temp indicator has turned red, change the status to E (Discarded) and put in the reason why (choices for reason listed in the F2 function
2. Disposition of unit
   a. Discard unit if:
      i If temperature indicator not attached to unit and temperature of unit cannot be verified or if temp indicator has turned red.
      ii Unit has been placed in unmonitored refrigerator.
      iii Seals are not intact or unit has been entered.
      iv Color and/or appearance are abnormal.
      v Labels are missing or illegible.
      vi Discarded units are placed in the biohazard trash container. Document this in the quarantine log book and on the inventory control tag.
   b. Quarantine unit if:
      i If the temperature indicator is questionable and you are not able to determine temperature of unit.
      ii Mix unit well and place on quarantine shelf in Jewett refrigerator.
      - Reinspect unit after 24 hours.
      - If inspection is satisfactory, return unit to proper shelf and document in black log book.
      - Change status back to S (Selected) or A (Available)
      - If inspection is not satisfactory, follow preceding procedure for unit discard.
3. Return unit to shelf if:
   a. If the temperature indicator is white or speckled unit is acceptable less than 10 degrees C.
   b. Inspections are satisfactory.
   c. Document this in the quarantine book.
   d. If the unit has been kept in a cooler with ice for less than 4 hours from issue and indicator is acceptable in color the unit may be reissued.

B. CALCULATIONS:

NA

C. INTERPRETATION OF RESULTS:

NA

7. QC PERFORMANCE POLICY:
A. CALIBRATION AND CALIBRATION VERIFICATION

NA

B. FAILURE/REMEDIAL ACTION:

NA

8. EXPEXCTED RESULTS:
A. REPORTABLE RANGE:

NA

B. REFERENCE RANGE:

NA

C. CRITICALVALUES:

NA

9. REPORTING RESULTS:

A. NORMAL VALUES:

NA

B. CRITICAL VALUES:

NA

10. PROCEDURAL NOTES:

A. BACKUP FOR INOPERABLE SYSTEM

NA

B. REFERAL OF SPECIMENS:

NA

C. SUBMISSION/HANDLING OF REFERRAL SPECIMENS:

NA

11. LIMITATIONS AND INTERFERRING SUBSTANCES:

NA

12. METHOD VALIDATION:

The procedures are reviewed annually and will be compared with any future changes in the Standards or Technical Manual.

13. REFERENCES:

AABB, Technical Manual

Policy Approval:

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3/11/2013 1:27:00 PM
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3/11/2013 1:32:48 PM