#### Policy for Managing Blood Inventory during Shortages

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| Purpose | To provide direction to Transfusion Service staff regarding blood selection when the blood supplier designates that there is a blood shortage. |

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| Definition | * Shortage – when the blood supplier is unable to provide stock inventory for a specific ABO and/or Rh type, or when the supplier requests a change to manage the community blood supply. * Neonate – an infant that is < 4 months of age. * Pediatric – a child that is ≥ 4 months and ≤ 18 years of age. * Adult - > 18 years of age * Female of child-bearing age - <50 to ≤ 55 years of age (dependent upon affiliate specific guidelines). * REBPS = Blood Product Shortage |

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| Policy | * Rh positive RBC units may be substituted for Rh negative RBC units when the patient is an adult Male or Female greater than child-bearing age, and has no history of anti-D, in the following situations: * Emergency Release * Massive Transfusion Protocol * Routine transfusion of actively bleeding patients once it becomes clear that there will be large transfusion requirements (i.e. > 6 RBC units in 24 hours). * Staff will use the override code REBPS whenever an override code is needed due to supply of alternate blood type shortages. * Attending physician notification is required as follows when: * Rh positive RBC’s or platelets need to be provided for female patients of child bearing age in order to determine if Rh Immune Globulin administration is warranted. * An Rh negative patient (male or female older than child bearing age) needs to be provided with Rh positive RBC’s for each routine transfusion, except for actively bleeding patients, when physician notification is required for the initial switch only. |

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| (continued) | * Rh negative patients who have been switched to Rh positive RBCs should be switched back to Rh negative RBC’s as soon as one or more of the following criteria has been met: * Notification from the patients care givers that the active phase of bleeding over; * Notification from the blood supplier that the shortage is over and affiliate inventory is returned to minimum level; * No more than 3 days after 1st Rh positive RBC has been administered. If more than 3 days since administration, consult with pathologist. * Providing patients with type O RBC’s **does not** require prior notification or approval of the attending physician. * No more than 2 ABO plasma-incompatible platelets will be transfused to an adult within a 24 hour period without discussion or approval from the pathologist. Exception: Refer to affiliate specific policies for MTP situations. * Neonates and Pediatric patient’s require ABO/Rh compatible platelets. |

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| Forms | A: Incompatible Rh RBC Form  B: Plasma Incompatible Platelet Form |
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