

 Verde Valley Medical Center Northern Arizona Healthcare	LABORATORY DEPARTMENT POLICIES AND PROCEDURES	Department: BLOOD BANK
		Number: 768.0-Bibk-gu-rev04/15

INCOMPATIBLE CROSSMATCH RELEASE
--

POLICY

1. Physicians wishing to transfuse a patient with crossmatch incompatible blood products must acknowledge the risk of and take responsibility for doing so, as there is a chance the patient may have a transfusion reaction to blood that has tested as incompatible to their own blood.
2. Crossmatch incompatible units are most commonly transfused when the patient has an auto-antibody that causes the incompatibility of all units crossmatched with their blood. "Least incompatible" units are often recommended for transfusion by the testing immunohematology reference lab.

PROCEDURE

1. The attending physician **must** sign the Incompatible Crossmatch Release Form.
2. The Incompatible Crossmatch Release Form must be completed with the following information:
 - a. The clinical reason for transfusing the patient prior to completion of the normal testing.
 - b. The patient's name
 - c. The patient's medical record number
 - d. The Physician's signature
 - e. The date/time the form was signed
 - f. The signature of a person who witnessed the Physician physically signing the Incompatible Crossmatch Release form
 - g. The donation number(s) of all units that were transfused
3. Obtain a copy of all Incompatible Crossmatch Release Forms for the Blood Bank record. The original goes to the patient's chart.
4. When Dispensing a unit in that has an incompatible crossmatch, Cerner **will not** flag the user that the crossmatch was incompatible, although Cerner will flag the user multiple times when entering an "Incompatible" Crossmatch Interpretation into Cerner.
5. Issue the unit as usual (See procedure "**Routine Issue of Blood Components**").

REFERENCES

1. American Association of Blood Banks, 16th Ed. (2008). Technical Manual. Bethesda, Maryland: AABB.
2. American Association of Blood Banks, 25th Ed. (2008). Standards for Blood Banks and Transfusion Services. Bethesda, Maryland: AABB.

<u>Prepared by/Title/Date:</u> Angela Schoch, MT 3/30/2006 <u>Approved by/Title/Date:</u> Signature on File in Lab	<u>Dates Reviewed/Revised:</u> 03/06 11/08 04/15
---	--

INCOMPATIBLE CROSSMATCH RELEASE FORM

**Physician's statement concerning order for transfusion when
crossmatch compatible units are unavailable or unobtainable due to an
existing patient condition or lack of availability.**

**I have ordered the transfusion of blood for the patient named below for the
following reason(s):**

**I fully understand the increased risk involved to the patient in
transfusing crossmatch incompatible blood.**

Physician's Signature: _____

Witness Signature: _____ **Date/Time:** _____

Donation Number(s) of transfused units:

_____	_____	_____
_____	_____	_____



Verde Valley Medical Center
Northern Arizona Healthcare

Patient Name: _____

Medical Record Number: _____