REISSUE BLOOD & COMPONENTS Administrative Procedure BB2369.A

PURPOSE

To describe the criteria for reissuing and the procedures for processing blood and blood components returned to the Transfusion Services.

POLICY

To meet the regulatory agency requirements, the criteria for reissuing blood and components are listed as follows:

A. Red Cell Units

- The container closure and labeling have not been disturbed.[1]
- The records indicate that the blood has been reissued, and that it has been inspected prior to reissue.
- The blood has not been allowed to:
  - Warm above 10 ºC or cool below 1 ºC during transport.
  - Warm above 6 ºC or cool below 1 ºC during storage.[2]
- If the unit has been out of the refrigerator (Transfusion Services or portable) or AABB approved container [3]
  - If the unit is >10 ºC on return but returned in < 1 hour, the unit can be reissued to the same patient or any other compatible patient. However, the transfusion must be completed within 4 hours from the original issue time.[4]
- At least one sealed segment of integral donor tubing has remained attached to the container. Other removed segments may be reattached by confirming that the tubing identification number on both the removed segment(s) and the container are identical.

[1] Hermetic seals are intact, labels are not missing or defaced.
[2] If the blood has been warmed by a blood warmer in preparation for transfusion, the blood cannot be reissued.
[3] Blood should be returned to the Transfusion Services as soon as possible (within 30 minutes is a guideline for nursing staff) if transfusion is delayed.
[4] Blood should be administered ASAP after issue. It is acceptable to transfuse blood up to 4 hours from the time the unit was first issued to the patient.

B. Fresh Frozen Plasma

- The container closure and labeling have not been disturbed.
- The records indicate that the blood component has been reissued, and that it has been inspected prior to reissue.
- The blood component has not been allowed to:
  - Warm above 10 ºC or cool below 1 ºC during transport.
  - Warm above 6 ºC or cool below 1 ºC during storage
- If the unit has been out of the refrigerator (Transfusion Services or portable) or AABB approved container [5]
  - If the unit is >10 ºC on return but returned in < 1 hour, the unit can be reissued to the same patient or any other compatible patient. However, the transfusion must be completed within 4 hours from the original issue time.[6]

C. Cryoprecipitates

- The container closure and labeling have not been disturbed.
- The records indicate that the blood component has been reissued, and that it has been inspected prior to reissue.
- Single and pre-pooled cryoprecipitate has been stored between 20-24 ºC.

D. Platelets

- The container closure and labeling have not been disturbed.
- The records indicate that the blood component has been reissued, and that it has been inspected prior to reissue.

[5] Blood should be returned to the Transfusion Services as soon as possible (within 30 minutes is a guideline for nursing staff) if transfusion is delayed.
[6] Blood should be administered ASAP after issue. It is acceptable to transfuse blood up to 4 hours from the time the unit was first issued to the patient.

- The platelet component has been stored between 20-24 ºC.

  - If the product has not been stored in a validated platelet storage bag, take the temperature of the product on the flatbed thermometer on return. Document temperature on the Blood Order form.

- Platelets that have been off the rotator for up to 4 hours may be reissued if no clumps are observed (look for swirling pattern when bag is rocked). If questionable, place unit on the quarantine shelf of platelet rotator for 1-2 hours and re-examine for swirling before consulting with Transfusion Services physician.

PROCEDURE

1. Time stamp the Blood Order Form (B605), Product Dispense Form (PDF), or Exsanguination form of the returned component(s)[7] upon return.

2. Verify that each returned unit meets the criteria of reissuing for the specific blood component.

   - The temperature limit has not been exceeded.

     - If temperature monitoring sticker is attached, check that temperature is within the acceptable limits.
     - If temperature monitoring sticker is not attached, the unit should immediately be placed on the Temp Check Rapid Response flatbed thermometer. Record temperature on the Blood Order Form.

   - The ports and labeling have not been disturbed.

   - The red cell unit has at least one attached segment.

3. Inspect the ports and the labeling, verify the time limit or temperature monitoring sticker for each returned component.

4. Evaluate whether the returned unit meets all the reissuing criteria.

5. If the answer is:

[7] Blood Order Form will be used throughout procedure, but any of the three forms can be used as appropriate.

a. **YES,** the unit can be returned to the appropriate storage for reissuing.[8]

1) If temperature monitoring sticker is used, stamp the Blood Order Form with:

> BLOOD BAG INSPECTED FOR
> LABELING AND PORTS INTACT.
> TEMPERATURE LIMITS VERIFIED.

2) If temperature monitoring sticker is NOT used, stamp the Blood Order Form with:

> BLOOD BAG INSPECTED FOR
> LABELING AND PORTS INTACT.

3) Initial the above statement.

4) File the Blood Order Form in the file folder "Returned Units (UCDMC)" in File Cabinet.

5) Return the unit to prior status in LIS.[9]

6) Comment in LIS by selecting one of the following Canned Tests:

- **B54:** Blood bag inspected for labeling and intact ports.
- **B55:** Blood bag inspected for labeling and intact ports. Temperature limits verified.
- **B56:** Blood returned >30 min but < 1 hr; blood bag inspected for labeling and intact ports. The transfusion must be completed before _____ [enter date and time].[10]

7) Inspect each blood component prior to reissuing.[11]

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[8] Exception: If the unit is >10 ºC on return but returned in < 1 hour, quarantine the unit (see footnote 8) and refer to policy A.
[9] Refer to BB2570.A – *Return to Prior Status and Cancel Blood and Component Orders in LIS.*
[10] Store unit on the Temporary Quarantine shelf in R3 pending potential reissue.
[11] Refer to BB2368.A – *Dispensing Blood and Components.*

b. **NO,** the unit can not be reissued. Quarantine the unit for later disposal.[12]

REFERENCES

1. *American Association of Blood Banks Technical Manual* (AABB) Current Edition. American Association of Blood Banks, 8101 Glenbrook Road, Bethesda, Maryland, 20814-2749.

2. *Standards* Committee (American Association of Blood Bank, Standards for Blood Banks and Transfusion Services, Current Edition. American Association of Blood Banks, 8101 Glenbrook Road, Bethesda, Maryland, 20814-2749.

3. *College of American Pathologists* www.cap.org. Transfusion Medicine (TRM). Waukegan Road, Northfield, IL 60093

4. *Code of Federal Regulation*. Food and Drug Administration. April 1, 2004. Title 21, 640.2. http://www.fda.gov.

[12] Refer to BB2371.A – *Quarantine and Disposal of Blood & Components.*

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PROCEDURE HISTORY

Date	Written/ Revised by	Revision	Approved by	Approved date
8/15/88	G. Williams	New	Hanna M. Jensen, M.D.	8/15/88
10/30/95	C. During J. Huang	Revision	Hanne M. Jensen, M.D.	10/31/95
1/22/98	J. Huang	Revision	Hanne M. Jensen, M.D.	1/27/98
1/99		Annual Review	Hanne M. Jensen, M.D.	1/5/99
6/01		Annual Review	Hanne M. Jensen, M.D.	6/6/01
10/02	J. Huang	Revision	Hanne M. Jensen, M.D.	10/14/02
1/04		Annual Review	Hanne M. Jensen, M.D.	1/28/04*
11/04	C. During	Revised	Carol Marshall, MD	11/17/04
		Reviewed	Hanne M Jensen, MD	5/22/07*
		Reviewed	Hanne M Jensen, MD	10/14/08
		Reviewed	Hanne M Jensen, MD	11/26/09
		Reviewed	Hanne M Jensen, MD	9/28/10
		Reviewed	Hanne M Jensen, MD	12/7/11
8/12	DRichardson	Revision/ffp 30 min	Hanne M Jensen, MD	8/23/12
		Reviewed	Hanne M Jensen, MD	12/8/14
9/26/16	D. Richardson	Revised-remove 30 min rule, add flatbed, therm, temporary quarantine shelf		9/26/16

* Annual review in 2003, 2005, and 2006 was inadvertently missed.