**Purpose:**

To describe the Harborview Medical Center (HMC) Transfusion Service (TS) response to a Trauma call.

* ***Note:*** *This procedure applies to trauma responses in which a Massive Transfusion Protocol (MTP) has not (yet) been activated. If a MTP is activated, follow MTP procedure.*

**Policy:**

TS staff are an integral part of the Trauma Response Team and should be ready and available at all times to respond to a trauma response page/call with blood components.

**Procedure:**

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | **Related Documents** |
| **Trauma Response Activation** |
| **1** | * In the event of a trauma or medical emergency situation, the Trauma Phone Tree is enacted.
* Members of the Trauma Response Team are notified via pager, requiring a full response to the Emergency Department (ED).
 |  |
| **2** | * The TSL Trauma Pagers are kept at the front desk in TSL.
* Volume is set to be easily heard throughout TSL by all staff.
* Full staff response is expected when the Trauma pager sounds.
 |  |
| **3** | * + The Trauma Phone Tree activated with “Full trauma response to the ED” or similar message displayed on the trauma pager
 |  |
| **4** | * + When a trauma page is received:
		- Contact the ED charge Nurse:
		- Communicate the TS ability to respond: i.e.
	+ TS staff are responding
	+ TS staff cannot respond but can issue emergency release RBC, thawed plasma and platelet plus further blood products as required
 |  |
| **5** | * + - Obtain any known information on the patient
		- Record known information on the Portable Refrigerator Response (PRR) Log and erasable board in TSL:
	+ Age
	+ Gender
	+ Location
	+ Initial Diagnosis
	+ ***NOTE:*** *If the required information is not known about the patient at the time of the page or the ED Charge Nurse is not available, do not delay trauma response.*
 |  |
| **Step** | **Action** | **Related Documents** |
| **Trauma Response Procedure**  |
| **1** | * Inform all TS techs of the trauma response page
* Prepare to leave TS immediately:
	+ Load portable blood refrigerator with age appropriate blood components:
		- Trauma RBC Pack
		- Trauma Plasma Pack(s)
	+ Place Trauma Platelet container on top of portable blood refrigerator
	+ Equivalent number/type RBC, plasma and platelet if no Stock Trauma Packs immediately available
	+ Add refrigerator number, responding tech name and phone number to the erasable board
	+ Paperwork:
		- Portable Refrigerator Response Logs
		- Request for Urgent Product Release form
	+ Pick up a Portable phone and a pen
 | * + - * Blood Component Selection Policy
			* Using Portable Blood refrigerators
			* Portable Refrigerator Response Log
			* Request for Urgent Blood Product Release form
 |
| **2** | * Utilize an Elevator key to call a West Hospital elevator to the 1st floor.
 |  |
| **3** | * Upon arrival, ask the ED charge nurse
	+ Estimated time of patient arrival (ETA)
	+ Location where the patient will be treated (patient information board)
	+ Patient’s age and gender
	+ Any other pertinent information
 |  |
| **4** | * + - Confirm patient information matches phone conversation.
		- Verify Rh type of stock uncrossmatched RBCs is correct based on patient’s age and gender.
 | * + - Blood Component Selection Policy
 |
| **5** | * Go to the location where the patient is going to be placed (for example, Resus 2).
	+ Plug in the portable blood refrigerator.
	+ Document the patient’s information on the refrigerator erasable board
	+ Attach Trauma Team Identification Sticker to scrubs: **BLOOD BANK**
	+ Trauma Team contact
* If you don’t know who to talk with, ask!
* Introduce yourself
* Notify team of available products including platelet
* Ask the trauma doctor to sign the Urgent Release form
 |  |
| **Step** | **Action** | **Related Documents** |
| **Trauma Response cont.** |
| **6** | * + - * Organize refrigerator so that components are dispensed in the order written on the PRR Log. Make every effort to continue this practice until one pack is completely used before starting with the next pack.
			* Begin to dispense blood components as requested by the Trauma Team.
* Call TS for additional units after dispensing:
	+ 2nd RBC
	+ Platelet
	+ 2nd plasma
 | * Table A: Instructions for Completing the Trauma Log
 |
| **7** | * + - * At the point of care:
	+ Listen to the nurses or field medic's report when the patient arrives as this will help anticipate the need for blood components
	+ Pay attention to the treatment of the patient
	+ Remain alert and prepared to take instructions from the physicians and nurses
	+ Remain in constant contact with TS for ordering blood components and updates on the patient's location and status
	+ Notify TSL of patient’s HID as soon as available
	+ Utilize the back of the PRR Log to note lab values, conversations, requests for additional products, or other information pertinent to the situation.
 |  |
| **8** | * Facilitate immediate collection and transport of the patient’s sample to TS:
	+ Remind the team if obtaining a sample is being delayed.
	+ CPOE order or TST&BPO form should reflect the emergent level of the trauma
 |  |
| **9** | * + - Retrieve a patient ID labels from the back desk
		- Attach a label to the PRR Log, and Urgent Release form
	+ Patient ID labels are usually available 5-10 minutes after patient arrives.
 |  |
| **10** | * + - Coordinate exchange of universal donor type blood components with units released based on:
	+ Subsequent physician orders
	+ Admitting name and HID
	+ In-date sample
	+ Plasma and Platelets: Type specific or ABO compatible if patient has had ABO/Rh performed during current HMC encounter

NOTE: Every effort should be made to issue products in SQ using patient identifiers even if blood type is not available. Products issued with patient identifiers have increased safety. |  |
| **Step** | Action | Related Documents |
| **Trauma Response cont.** |
| **11** | * + - Update the Trauma Team on component availability:
	+ Resuscitation Room
	+ CT Scan: remain in the observation area, retrieving blood from the refrigerator near the Resus room
	+ Angio: remain in the observation area, moving the refrigerator closer if space is available
 |  |
| **12** | * + - Notify TS if patient is moved.
		- Follow patient to new location.
 |  |
| **13** | * + - Remain at point of care until released by the patient's physician, nurse or the charge nurse.
		- Record name, date and time of release on the PRR log
 |  |
| **14** | * + - Based on physician’s instructions:
* Return to TS with the portable blood refrigerator and platelet box. **OR**
* Leave refrigerator and platelet box at patient location.
 | * + - Using Portable Blood refrigerators
 |
| **15** | * Communicate detailed information to the TS Lead/TS Manager:
	+ Concerns
	+ Problems and your handling of the problem
	+ Suggestions for improvement
 |  |

**Table A: Instructions for Completing the Portable Refrigerator Response Log**

|  |  |
| --- | --- |
| **Field** | **Information** |
| **Response Date/Time** | Time stamp log |
| **Responding Tech(s)** | ID number of TS staff2nd Tech: enter ID and time of arrival |
| **Patient age/Gender** | Initially: as received from the ED charge nurseAt trauma: update/correct information |
| **Medical Record Number/Name** | Update when available: written and/or ORCA label when available |
| **Component Information** | Confirm unit numbers and component type |
| **Issue and Disposition Information** | Complete as applicable:* Removed: Issued to Clinical Care Team
* Returned to Refrigerator: At trauma location
* Returned to TSL Inventory: Not transfused
* Issued in SQ by TSL Tech: Transfused
 |
| **MTP Activated** | * Yes or No
* Date and time if activated
 |
| **Clinical Trial Enrollment** | Circle one: NO ATLAS PROPPR |
| **Fridge Number** | Enter number |
| **Location** | DeathChange in location |
| **Sample** | Date and Time Sample Drawn |
| **Released By**  | Physician or Nurse name, date and time  |
| **Return Time** | Time back to TSL *with or without the Portable Refrigerator* |

**References:**

Standards for Blood Banks and Transfusion Services, Current Edition. American Association of Blood Banks. AABB Press, Bethesda, MD.