**PURPOSE:**

To provide guidance for selecting red blood cell components (RBC) for transfusion to adult, bone marrow transplant and neonatal/infant transfusions

**PRINCIPLE & CLINICAL SIGNIFICANCE:**

Red blood cells are indicated to improve the oxygen carrying capacity and to replace the red blood cell mass during bleeding. Most common threshold for transfusion include a hemoglobin 7 g/dL/ hematocrit 21%, but there are certain clinical situations such as hematological malignancies, active bleeding and acute coronary ischemia, that might benefit with higher hemoglobin thresholds.

Granulocyte transfusions are indicated for neutropenic patients or patients with neutrophil dysfunction with severe refractory infections. The therapeutic benefit of granulocyte transfusions have been extensively evaluated with conflicting results.

**Clinical Significance**

Incompatible blood products can result in decrease product survival, alloimmunization, hemolysis and recipient death.

**POLICIES:**

**General Policies:**

* The patient’s historical record in the LIS (laboratory information system) BAD file should be reviewed for antigen/antibodies, problems, comments, and attributes prior to providing RBC or granulocyte components. All requirements specific to red blood cell components should be honored. If clinical status prohibits ability to honor all requirements, consult with a Blood Bank Medical Director for guidance. Any deviations from this procedure should be documented on a QI form and signed by the ordering TSL MD
* Review all red blood cell product requisitions for attributes and/or special requirements prior to allocating the component.
* New attributes or special requirements listed on the requisition should be added to the patient record in the LIS
* Autologous and directed components should be allocated and issued before homologous components

**General Pre-Transfusion Test Requirements**for providing crossmatched RBCs and granulocytes:

* **Electronic Crossmatch** (refer to SOP Electronic Crossmatch) may be used if the following requirements are met:
  + Two consecutive concordant ABO/Rh results on file
    - One from an in-date eligible battery (TSCR, TSCREX, TXM) with no pending tests
    - Second ABO/Rh from an independent collection with testing performed by the UWMC TSL
  + Current antibody screen is negative
  + No history of clinically significant antibodies
  + **Electronic crossmatch** eligibility (EXM Elig) is NOT set to “NO”
* Immediate Spin Crossmatch (refer to SOP *Immediate Spin Crossmatch*) should be utilized in the following circumstances:
  + Computer downtime
  + Unresolved ABO discrepancies
  + QA failure that prevent computer crossmatch and the recipient does not have unexpected antibodies
  + No history of clinically significant antibodies
* **AHG crossmatch** (refer to the specific technique SOP) should be performed for any of the following:
  + Clinically significant antibodies are present
  + Patient had a history of clinically significant antibodies at either UWMC or other facility whether or not the antibody is demonstrable

**RED BLOOD CELL COMPONENTS**

* **All RBC components** should meet the following requirements:
  + Leukoreduced (considered CMV safe)
    - Non-leukocyte reduced RBC component must be approved for issue by the UWMC BB Medical Director (ie. Rare RBCs may come from frozen stock that was not leukoreduced at the time of collection)
  + Irradiated (to prevent graft-vs-host disease- refer to SOP *Irradiation of Blood Components)*
    - In the event of limited supply of irradiated RBC, patients with the following known conditions should continue to be provided irradiated RBCs:
      * Intrauterine/exchange transfusions
      * RBC exchange transfusions
      * Neonates/Infants < 4 months of age
      * Hematological malignancies (e.g. leukemia, lymphoma, Hodgkin’s disease)
      * Bone marrow transplant candidates and recipients
      * Receiving high dose chemotherapy (e.g. fludarabine)
      * Cellular immunotherapies (e.g. SCID, Di George’s syndrome)
* **Autologous and Directed Red Blood Cell Components**
  + Autologous and directed components must be kept segregated from allogenic/homologous inventory
  + Autologous and directed units should be assigned to the intended recipient in the LIS and may not be issued any other patient
* **Universal Donor** **RBC components** are provided for **uncrossmatched** and bleeding emergencies when time does not allow completion of pretransfusion testing (crossmatching):
  + Group O for all patients
  + Rh type is dependent on patient age and gender
    - Rh Negative
      * Neonates/Infants <4 months old
      * Females < 50 years old
      * Males <15 years old
    - Rh Positive
      * Females ≥ 50 years old
      * Males ≥ 15 years old
* **ADULT Patients**:
  + ABORh identical crossmatched RBCs will be routinely provided when available and testing is complete
  + Substitutions will be made to reduce inventory wastage
  + ABO compatible crossmatched RBC will be provided when substitutions are made
  + Patients with clinically significant antibodies should be provided RBC components negative for the corresponding antigen (see section *Clinically Significant Antibodies*)**Sickle Cell and Thalassemia Patients:** RBCs and test requirements are the same as ADULT patients with the following additions:
    - * Hemoglobin S negative
      * Phenotypically matched for Rh and K antigens
  + **RBC Exchanges**:
    - * Hemoglobin S negative
  + **SCCA Patients:**
    - Leukoreduced
    - Irradiated
    - **Post-BMT** recipients require RBC that are compatible with both the recipient and donor ABO/Rh
* **Neonatal/Infants <4 months old and Intrauterine Transfusions (IUT)** : RBCs with the following requirements will be routinely provided
  + Group O, Rh negative RBC
  + Leukoreduced
  + Freshly irradiated
  + < 7 days old
  + Hemoglobin S negative (refer to SOP *Testing and Provision of Hemoglobin S Negative Blood*)
  + Neonates/Infants with a negative antibody screen will routinely be provide group O Rh negative uncrossmatched RBCs
  + Neonates/Infants with passively acquired maternal RBC alloantibodies directed against the patient’s own antigen should be provided AHG crossmatch compatible RBCs, negative for the corresponding RBC antigen
    - A current, in-date specimen of maternal serum may be utilized to perform AHG crossmatching in lieu of collecting additional specimens from the neonate/infant
* **Requirements for Patients with Significant Antibodies:**
  + When clinically significant red cell antibodies (refer to SOP *Antibody Identification*) are found and/or the recipient has a history of such antibodies, RBCs should be prepared for transfusion that do not possess the corresponding antigen(s) and are antiglobulin crossmatch compatible, except when clinical circumstances warrant deviation and when approved by the UWMC BB Medical Director and/or the patient’s physician as applicable.
    - Historical records must be compared to current records. Any discrepancies must be investigated and resolved prior to issuing a unit for transfusion.
    - Historical antibodies that are not demonstrable should be honored and RBCs provided that are negative for the corresponding antigen
    - Patients with demonstrable warm auto antibodies and antibodies to clinically insignificant high incidence antigens should receive RBC components matched for C, c, E, e, Fya, Fyb, Jka, Jkb, S, s. Consult with TSL Medical Director for situations in which phenotypically matched blood is not available.
    - Patients with anti-E should be typed for c, and if negative, provided with c negative units.
  + Depending on inventory levels and availability of typing sera, donor units may be phenotyped (Refer to SOP *Antigen Typing Red Cells*) by UWMC BB or antigen-negative units may be ordered from the blood supplier.
    - Antigen typed units may be ordered from the blood supplier whenever the combined incidence of the antigens is 75% or greater or there is insufficient time or inventory to screen components.
  + AHG crossmatch compatible RBCs will be provided for patients with alloantibodies to low frequency antigens, for which anti-sera is not available

**GRANULOCYTES**

* Granulocyte orders must be approved in advance by the UWMC BB Medical Director
* Must be
  + Irradiated
  + ABO/Rh compatible
  + Select compatible granulocytes based on the RBC compatibility tables below

**INSTRUCTIONS:**

[**Patient LIS Record Review**](#RecordReview)

[**Adult Patients (excluding Post -BMT)**](#AdultPatients)

[**Post-BMT Recipients**](#PostBMT)

[**Neonates/Infants <4 Months of Age & Intrauterine Transfusions (IUT)**](#Neonates)

**Patient LIS Record Review**

|  |  |
| --- | --- |
| **STEP** | **ACTION** |
| **1** | * Review the patient’s history in Sunquest (SQ) for the following:Required testing is complete * Needed attributes:   + Irradiated   + Washed   + HgB S negative * Any restrictions or special requirements   + Post-BMT   + Age: Neonate/Infant < 4 months old   + Gender * ABORh of patient   + Current test results   + BAD file historical results   **NOTE:** If clinical status or current available inventory prohibits the ability to honor all patient requirements, consult with a UWMC Blood Bank (BB) medical director for guidance on component selection |
| **2** | * Review the product order for the following: * Attributes: * Irradiated * Washed * HgB S negativeSpecial requirements |
| **3** | |  |  | | --- | --- | | **If there are** | **Then** | | No discrepancies or other issues | Go to next step | | Discrepancies between patient and order requirements | * Add any attribute from the order to the patient SQ record * Resolve before selecting blood components * Consult with a UWMC BB MD or manager for resolution, if needed | |
| **4** | Go to the appropriate section:   * [**Adult Patients (excluding Post-BMT)**](#AdultPatients) * [**Post-BMT Recipients**](#PostBMT) * [**Neonates/Infants <4 Months of Age & Intrauterine Transfusions (IUT)**](#Neonates) |

**Adult Patients (excluding Post -BMT)**

| **STEP** | **ACTION** |
| --- | --- |
| 1 | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **If Patient BAD file ABORh is one of the following** | | | | | **Then** | | O NEG  O POS | A NEG  APOS | B NEG  B POS | AB NEG  AB POS | NTD NEG  NTD POS | Go to Step 2 | | NTD and Rh is not specified | | | | | Go to Step 3 | |
| 2 | Select ABORh compatible RBCs or granulocyte components according to the following compatibility table ensuring all attributes and other special requirements can be met   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **RBC Compatibility Table for Adult Patients (excluding Post-BMT Recipients)** | | | | | | | | | | |  |  | **RBC ABORh** | | | | | | | | |  |  | **O NEG** | **O**  **POS** | **A**  **NEG** | **A**  **POS** | **B**  **NEG** | **B**  **POS** | **AB NEG** | **AB POS** | | **RECIPIENT ABORh** | **O**  **NEG** | **** |  |  |  |  |  |  |  | | **O**  **POS** | **** | **** |  |  |  |  |  |  | | **A**  **NEG** | **** |  | **** |  |  |  |  |  | | **A**  **POS** | **** | **** | **** | **** |  |  |  |  | | **B**  **NEG** | **** |  |  |  | **** |  |  |  | | **B**  **POS** | **** | **** |  |  | **** | **** |  |  | | **NTD**  **NEG** | **** |  |  |  |  |  |  |  | | **NTD**  **POS** | **** | **** |  |  |  |  |  |  | |  | **AB** | See the following table | | | | | | | | |  | **NTD** | Go to step 3 | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Compatibility Table for AB Adult Patients (excluding Post-BMT Recipients)** | | | | | | | | | | | **RECIPIENT ABO/Rh** | | **RBC ABORh** | | | | | | | | | **O NEG** | **O**  **POS** | **A**  **NEG** | **A**  **POS** | **B**  **NEG** | **B**  **POS** | **AB NEG** | **AB POS** | | **Non-BMT** | **AB**  **NEG** | **** |  | **** |  | **** |  | **** |  | | **AB**  **POS** | **** | **** | **** | **** | **** | **** | **** | **** | | **PRE-BMT** | **AB**  **NEG** | **** |  |  |  |  |  |  |  | | **AB**  **POS** | **** | **** |  |  |  |  |  |  | |
| 3 | Some patients may have only **“NTD”** listed as the ABO without a Rh type listed  Select the following for these patients:   |  |  | | --- | --- | |  | **Select** | | **ABO** | Group O | | **Rh** | Review the comments section of the patient BAD file   |  |  | | --- | --- | | **If** | **Then select** | | No Rh type is specified | Rh Negative | | Rh type is specified in the comments | Rh type specified | | |
| 4 | Perform all additional component process and testing as required by the patient history and order |

**Post-BMT Recipients**

| **STEP** | **ACTION** |
| --- | --- |
| 1 | * Select irradiated RBCs that are compatible with both the recipient and donor ABORH ensuring all attributes and special requirements are met * Select the appropriate Rh type according to the following table:  |  |  |  |  | | --- | --- | --- | --- | | **RBC Rh Compatibility for Post-BMT Recipient** | | | | | **Recipient Rh** | **BMT Donor Rh** | **BAD Rh** | **RBC Rh** | | **NEG** | **NEG** | **NEG** | **NEG** | | **POS** | **NEG** | **NEG** | **NEG** | | **NEG** | **NEG** | **(BLANK)** | **NEG** | | **POS** | **NEG** | **(BLANK)** | **NEG** | | **NEG** | **POS** | **POS** | **POS** | | **POS** | **POS** | **POS** | **POS** | | **NEG** | **POS** | **(BLANK)** | **POS** | | **POS** | **POS** | **(BLANK)** | **POS** | |
| **2** | Select the appropriate ABO according to the following table:   |  |  |  |  | | --- | --- | --- | --- | | **RBC ABO Compatibility for Post-BMT Recipient** | | | | | **Recipient ABO** | **BMT Donor ABO** | **BAD file** | **RBC ABO** | | **O** | **O** | **O** | **O** | | **A** | **NTD** | **O** | | **B** | **NTD** | **O** | | **AB** | **NTD** | **O** | | **A** | **O** | **NTD** | **O** | | **A** | **A** | **A, O** | | **B** | **NTD** | **O** | | **AB** | **NTD** | **O** | | **B** | **O** | **NTD** | **O** | | **A** | **NTD** | **O** | | **B** | **B** | **B, O** | | **AB** | **NTD** | **O** | | **AB** | **O** | **NTD** | **O** | | **A** | **NTD** | **O** | | **B** | **NTD** | **O** | | **AB** | **NTD** | **O** | |
| **3** | Perform all additional component process and testing as required by the patient history and order |

**Neonates/Infants <4 Months of Age & Intrauterine Transfusions (IUT)**

| **STEP** | **ACTION** |
| --- | --- |
| 1 | Select Group O, Rh negative RBC with the following requirements   * Leukoreduced * Freshly irradiated * < 7 days old * Hemoglobin S negative (refer to SOP *Testing and Provision of Hemoglobin S Negative Blood*) |
| 2 | Perform all additional component process and testing as required by the patient history and order |

**CALCULATIONS/INTERPRETATIONS/RESULTS REPORTING/NORMAL**

**VALUES/CRITICAL VALUES**

**Interpretation**

None

**Results Reporting in Sunquest**

None

**CALIBRATION:**

None

**PROCEDURE NOTES AND LIMITATIONS:**

Any deviation from this procedure should be approved by the UWMC BB Medical Director and documented the deviation on a QI form (include the name of the MD who approved the deviation)

The billing code **AUTOP** is added to the unit to bill for the processing fee when an autologous unit is not transfused. If the unit is later transfused, add the billing code **CAUTOP** to prevent charging the processing fee twice.

**REFERENCES:**

**RELATED DOCUMENTS:**

SOP *Blood Component Processing*

SOP *Antibody Identification*

SOP *Electronic Crossmatch*

SOP *Testing and Provision of Hemoglobin S Negative Blood*

SOP *Immediate Spin Crossmatch*

SOP *Antigen Typing Red Cells*

|  |  |  |  |
| --- | --- | --- | --- |
| **UWMC SOP Approval:** | | | |
|  |  |  |  |
| **UWMC CLIA Medical Director** |  |  |  |
|  | Mark H. Wener, MD | Date |  |
|  |  |  |  |
| **Transfusion Service Manager** |  | Date |  |
|  | Deanne Stephens |  |  |
|  |  |  |  |
| **Compliance Analyst** |  | Date |  |
|  | Christine Clark |  |  |
| **Transfusion Service**  **Medical Director** |  | Date |  |
|  | Monica B. Pagano, MD |  |  |
|  |  |  |  |
| **UWMC Biennial Review:** | |  |  |
|  |  |  |  |
|  |  | Date |  |
|  |  |  |  |
|  |  | Date |  |
|  |  |  |  |

**APPENDIX:**

None