TITLE: Issuing Blood Components at Northwest Campus

PURPOSE
To provide instructions for issuing blood components for transfusion

LOCATION
Northwest Lab Transfusion Support Service (TSS)

PRINCIPLE & CLINICAL SIGNIFICANCE
This SOP describes the workflow and inspection process that ensures all necessary testing is complete and blood and blood components meet patient requirements and pass a visual inspection prior to issue for transfusion.

POLICIES
- All blood components must be issued in the LIS system prior to dispensing blood component to clinical team

  Exception: Downtime Issue log can be used in lieu of the LIS system for emergency issue of blood components and when the LIS system is not available

- Blood components allocated to a patient should be issued in the following order with shortest date of expiration:
  - Autologous
  - Directed
  - Allogeneic

REAGENTS/SUPPLIES/EQUIPMENT

Reagents	Supplies	Equipment
NA	Blood Product Pickup Slip (BPP)	Laboratory Information System or *Downtime Issue Log*

QUALITY CONTROL
The Laboratory Information System (LIS) is validated at implementation and whenever significant changes are made to the system to assure it functions as expected.

INSTRUCTIONS:
Table of Contents

Verifying Blood Components are Allocated

<table>
<tr><th>STEP</th><th>ACTION</th></tr>
<tr><td>1</td><td>Receive the completed Blood Product Pickup Slip (BPP)</td></tr>
<tr><td>2</td><td>• Log into Sunquest at location NW
• Click on Blood Bank Inquiry> (BBI )</td></tr>
<tr><td>3</td><td>• Select Lookup by ‘PatientID’
• Manually enter the patient’s MRN from the BPP</td></tr>
<tr><td>4</td><td>Verify the patient has an order and a component(s) is allocated for issue:
<table>
<tr><th>If looking for a</th><th>Look for the following order</th></tr>
<tr><td>RBC or granulocyte</td><td>TSCR, TSCREX or TXM</td></tr>
<tr><td>Platelet</td><td>TPLT</td></tr>
<tr><td>Plasma</td><td>TFFP</td></tr>
<tr><td>Cryoprecipitate</td><td>TCRY</td></tr>
</table></td></tr>
<tr><td>5</td><td>
<table>
<tr><th>If the patient</th><th>Then</th></tr>
<tr><td>Has an order</td><td>Verify component is allocated and located in the NW lab
• Click and highlight the order row
• Click <Show Units>
• Click to highlight the unit in status ‘AL’
• Click <Unit Detail>
<table>
<tr><th>If components is</th><th>Then</th></tr>
<tr><td>Allocated (AL) and located at NW</td><td>Go to next step</td></tr>
<tr><td>Allocated (AL) but not located at NW</td><td rowspan="2">• Contact Montlake TSL for ETA or resolution
• Notify the clinical team if product will be delayed</td></tr>
<tr><td>Not allocated but there is an order</td></tr>
</table></td></tr>
<tr><td>Does not have an order</td><td>Contact the clinical team and request an order be placed</td></tr>
</table></td></tr>
<tr><td>6</td><td>Click on <Blood Product Issue> (BPI )</td></tr>
<tr><td>7</td><td>• Select Lookup by ‘PatientID’
• Manually enter the patient MRN from the BPP</td></tr>
<tr><td>8</td><td>Select the appropriate Billing Account from the Event Selection window (if not already selected) to ensure billing is applied to the correct encounter</td></tr>
<tr><td>9</td><td>• Enter the appropriate component group(s) in the ‘Component’ field for the type of component requested for pickup
○ RBCG – Red Blood Cell Group (includes granulocytes)
○ PLG – Platelet Group
○ PLSG – Plasma Group
○ CRYG – Cryoprecipitate Group
• Click <Add></td></tr>
</table>

STEP	ACTION
10	Click <Select> to see what blood components are allocated to the patient and available for issue

If component is	Then
RBC in the Haemobank	Go to section Retrieving RBC Component(s) from the Haemobank
RBC in the refrigerator (i.e. in the case of washed RBC)	Go to section *Issuing Blood Components in Sunquest*
Platelet Plasma Cryoprecipitate Granulocyte	

Retrieving RBC Component(s) from the Haemobank (*does not include Granulocytes)*

STEP	ACTION
1	Log in to the Haemobank by scanning your UWMC ID Badge or entering in your EID# (Employee Identification #)
2	Touch <Taking Out>
3	Select the Transport Method

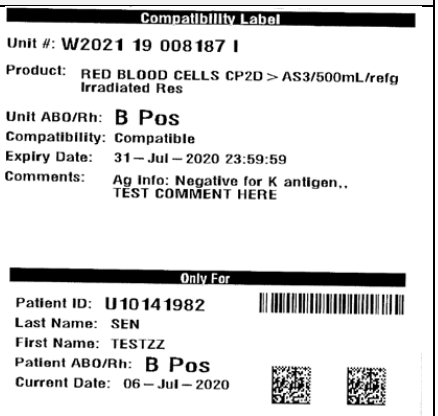
If transporting	Then touch
In a cooler	<Cooler> **NOTE**: Selected when issuing more than one refrigerated blood component
Not in a cooler	<Room Temp>

4	Touch <Select Patient>
5	Enter the patient's medical record number from the BPP
6	Touch <Search>
7	Confirm the patient details by verifying that the name and MRN on the screen matches the name and MRN on the *Blood Product Pick-Up Form*.

If	Then
Matches	• Touch <Yes> • Go to next step
Does NOT match	• Resolve the discrepancy prior to removing any blood components • Contact Montlake TSL for help when needed

8	Select the type of blood component: <Red Cells>
9	Open the door when you are prompted to remove component **NOTE:** Tray holding the blood component will illuminate in blue

<table>
<tr><th>STEP</th><th>ACTION</th></tr>
<tr><td>10</td><td>Pull out the blue illuminated tray, gently
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Component is in the tray</td><td>Remove component from the tray

NOTE: A blank Transfusion Record will be attached - refer to Appendix 1 for example</td></tr>
<tr><td>Tray is empty</td><td>Touch <Tray Empty> on the Haemobank screen</td></tr>
</table></td></tr>
<tr><td>11</td><td>Push the tray back into the slot gently until it stops moving and close the door</td></tr>
<tr><td>12</td><td>Scan the Unit Number from the component label when prompted</td></tr>
<tr><td>13</td><td>Perform a visual inspection and respond to the question “Is the unit suitable for transfusion? - refer to SOP Visual Inspection of Blood Components at Northwest Campus
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Suitable (pass inspection)</td><td>Touch <Yes></td></tr>
<tr><td>Unsuitable (does not pass inspection)</td><td>• Touch <No>
• Follow the prompts to return the component to Haemobank</td></tr>
</table></td></tr>
<tr><td>14</td><td>
<table>
<tr><th>If the component was</th><th>Then</th></tr>
<tr><td>Remotely allocated from the Haemobank)</td><td>• Compatibility Label will print
• Go to the next step
 
</td></tr>
<tr><td>Allocated at Montlake TSL prior to loading in Haemobank</td><td>• No label prints. A Transfusion Report with patient information will already be attached to the component
• Go to section Issuing Blood Components in Sunquest</td></tr>
</table></td></tr>
<tr><td>15</td><td>Confirm the labels printed correctly
<table>
<tr><th>If printing is</th><th>Then</th></tr>
<tr><td>Successful</td><td>• Touch <Yes>
• Place the Compatibility Label on the back of the blood component bag- refer to Appendix 2
• Go to next step</td></tr>
</table></td></tr>
</table>

<table>
<tr><th>STEP</th><th>ACTION</th></tr>
<tr><td></td><td>
Unsuccessful
Touch <No> to print the compatibility label again
<table>
<tr><th>If printing</th><th>Then</th></tr>
<tr><td>Is successful</td><td>• Touch <Yes>
• Place the Compatibility Label on the back of the blood component bag
• Go to next step</td></tr>
<tr><td>Unsuccessful</td><td>• Touch <Cancel> to abort the process
• Follow the prompts to return the component to storage in the Haemobank
• Contact Montlake TSL for help</td></tr>
</table>
</td></tr>
<tr><td>16</td><td>Scan the unit number from the component label followed by the barcode on the Compatibility Label

NOTE: Green check mark and the word “GOOD” will appear and Transfusion Record Label will print</td></tr>
<tr><td>17</td><td>
<table>
<tr><th>If Transfusion Record Label print is</th><th>Then</th></tr>
<tr><td>Successful</td><td>• Touch <Yes>
• Place the Transfusion Record Label to the top half of Transfusion Record form
 
</td></tr>
<tr><td>Unsuccessful</td><td>Touch <No> to print the Transfusion Record Label again
<table>
<tr><th>If printing</th><th>Then</th></tr>
<tr><td>Is successful</td><td>• Touch <Yes>
• Place the Transfusion Record Label to top half of the Transfusion Record form refer to Appendix 2
• Go to next step</td></tr>
<tr><td>Unsuccessful</td><td>• Touch <Cancel> to abort the process
• Contact Montlake TSL for help
•
NOTE: BloodTrack and the Haemobank t the component as issued</td></tr>
</table>
</td></tr>
</table>
</td></tr>
</table>

STEP	ACTION
18	Answer the question" Do you want more Red Cells for the same patient? **If** / **Then** NO: • Touch <No> • Go to section *Issuing Blood Components in Sunquest* YES: • Touch <Yes> • Repeat steps 10 thru 17 • Go to Section *Issuing Blood Components in Sunquest* **NOTE:** Multiple units on the same patient should be issued in a blood transport cooler. You must completed labeling the Transfusion Record for each unit prior to removal of the next unit

Issuing Blood Component(s) in Sunquest

STEP	ACTION

1	Select the blood component from the appropriate storage device
	
	NOTE:
	• When more than one component is allocated, issue components based on the following:
	  ○ Autologous donations before directed, before allogeneic
	  ○ Shortest date first
	• Contact Montlake Lab with any questions concerning what order to select components

2	Verify the blood component meets all patient transfusion requirements by reviewing the patient transfusion requirements located under the tabs at the top of the screen • Antigens/Antibodies • Problems • Comments • Transfusion Attributes **NOTE:** Click <**More**> to review all requirements in one screen. Click **<Less>** to collapse screen
3	**If the component** / **Then** **MATCHES ALL** patient requirements: Go to the next step Does **NOT MATCH ALL** patient requirements: Call Montlake TSL to resolve the discrepancy
4	Scan the following information from the blood component label **Field** / **Scan** Unit #: Donor Identification Number Component: Component type (Ecode) Division: Verify the correct Division is selected using the dropdown arrow

<table>
<tr><th>STEP</th><th>ACTION</th></tr>
<tr><td>5</td><td>Verify the correct unit is automatically selected
<table>
<tr><th>If unit is</th><th>Then</th></tr>
<tr><td>Correct</td><td>Go to next step</td></tr>
<tr><td>Not correct</td><td>• Click <Cancel>
• Resolve any issues and attempt to rescan the unit. If scanning the unit is not possible, the unit number may be entered manually along with the component type
• Select the component from the drop down menu only after verifying any discrepancies were resolved</td></tr>
</table></td></tr>
<tr><td>6</td><td>Click <Continue></td></tr>
<tr><td>7</td><td>Perform a visual inspection of the blood component – refer to SOP Visual Inspection of Blood Products at Northwest Campus
• Expiration date has not passed
• Correct labeling
• Intact container
• No clots, turbidity, hemolysis or other abnormal appearance of the component
<table>
<tr><th>If visual inspection</th><th>Then</th></tr>
<tr><td>Passes</td><td>• Result the visual inspection by selecting the Pass All key
• Go to the next step</td></tr>
<tr><td>Fails</td><td>• DO NOT issue unless the component passes the visual inspection
• Select the <Inspect Unit >
• Answer the “Visual inspection ok?” by selecting the No
• Enter “CQI” as the “Reason for failure” code
• Select “Quarantine” for the new status
• Click <OK>
• Initiate a QI form and quarantine the component following SOP Quarantine and Final Disposition of Blood Components at Northwest Campus</td></tr>
</table></td></tr>
<tr><td>8</td><td>Verify the following information when present is in agreement on all forms and labels
<table>
<tr><th>Blood Product Pickup Slip</th><th>Sunquest</th><th>Transfusion Record</th><th>Blood Component (ISBT) Label</th></tr>
<tr><td>Name & MRN</td><td>Name & MRN</td><td>Name & MRN</td><td></td></tr>
<tr><td></td><td>Recipient Type</td><td>Recipient Type</td><td></td></tr>
<tr><td></td><td>Donor Blood Type</td><td>Donor Blood Type</td><td>Donor Blood Type</td></tr>
<tr><td></td><td>Unit Number/Div.</td><td>Unit Number/Div.</td><td>Unit Number/Div.</td></tr>
<tr><td></td><td>Unit Expiration</td><td>Unit Expiration</td><td>Unit Expiration</td></tr>
<tr><td>Component Type</td><td></td><td>Component Type</td><td>Component Type</td></tr>
</table></td></tr>
</table>

<table>
<tr><th>STEP</th><th>ACTION</th></tr>
<tr><td>9</td><td>
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Discrepancies</td><td>• DO NOT issue component when discrepancy between forms and labels exist
• Contact Montlake TSL for help resolving the discrepancy
• Resolve any discrepancies and correct documents prior to going to the next step</td></tr>
<tr><td>No Discrepancies</td><td>• Initial the Transfusion Record at the bottom right corner
• Go to the next step</td></tr>
</table>
</td></tr>
<tr><td>10</td><td>Perform the following review and read-back with blood runner/courier:
1. Have the blood runner/courier read out loud and then spell the patient’s full name and read the MRN from the BPP while the tech compares to the transfusion record.
2. The tech will read out loud and then spell the patient’s full name and read MRN from the Transfusion Record while the blood runner/courier compares to the BPP.
3. The runner/courier then reads the Unit Number/Div., donor type, unit expiration, component type from the blood component label and the compatibility result from the Transfusion Record while the tech compares to the Transfusion Record.
4. The tech then reads back the Unit Number/Div., donor type, unit expiration, component type from the blood component label and the recipient type and compatibility result from the Transfusion Record while the runner/courier compares to the blood component label.</td></tr>
<tr><td>11</td><td>
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Discrepancies</td><td>• DO NOT issue component when discrepancy between forms and labels exist
• Contact Montlake TSL for help resolving the discrepancy
• Resolve any discrepancies and correct documents prior to going to the next step</td></tr>
<tr><td>No Discrepancies</td><td>• Initial the Transfusion Record at the bottom right corner
• Go to the next step</td></tr>
</table>
</td></tr>
<tr><td>12</td><td>• Click <Continue>
• Tab to accept the default for issue date and time or update if not issuing in real time
• Verify the patient location matches the requested delivery location, or enter the correct location (Search may be used to locate the correct location)
<table>
<tr><th>If issuing by</th><th>Then enter in the ‘Issue to” field</th></tr>
<tr><td>Transporter</td><td>Scan the blood transporters badge or enter their first and last name</td></tr>
<tr><td>Portable Coolers</td><td>Enter the blood transport cooler ID#</td></tr>
</table>
</td></tr>
<tr><td>13</td><td>
<table>
<tr><th>If a QA Failure</th><th>Then</th></tr>
<tr><td>Does NOT occur</td><td>Go to next step</td></tr>
<tr><td>Occurs</td><td>Call Montlake TSL prior to issue.

NOTE: If the issue cannot be corrected and the product is acceptable for issue, Montlake may direct you to issue the</td></tr>
</table>
</td></tr>
</table>

STEP	ACTION
	blood component using the Downtime Issue Log – go to section Issue Using Downtime Issue Log
14	• Click <Save> and the "Add Billing" window will open • **Click <Cancel>** **CRITICAL:** If the 'Add Billing window 'is not canceled, the window will timeout and documentation of the issue process will be lost. When this occurs, it is considered a Biological Product Deviation requiring report to the Food & Drug Administration (FDA)
15	
16	**If transporting via** / **Then** Transporter: Place blood component(s) with attached transfusion record in a plastic bag and give to the transporter for delivery to the patient's transfusionist Cooler: Go to SOP ***Issuing Blood Components in a Blood Cooler at Northwest Campus***

Issue Using Downtime Issue Log

STEP	ACTION
1	Document the Today's Date and select NW as the location at the top of the *Downtime Issue Log*
2	Document the following: • Patient Name • Patient MRN • Patient Location – where the component will be transfused • Unit Number/Division – Donor identification number and container or division number • Ecode

3	Document outcome of steps 7, 8, and 9 of section Issuing Blood Components under "Pass Visual Inspect"
	If all / **Then**
	Passed (acceptable): Document ✓ in the Pass Visual Inspect field
	Failed (unacceptable): Do not continue
	If / **Then**
	Component fails visual inspection: Quarantine component following SOP *Quarantine of Blood and Blood Components at Northwest Campus*
	Any other information is unacceptable: Contact Montlake TSL to help resolve discrepancy

4	Document the following: • Issue by (Tech) - document 4-digit tech ID

STEP	ACTION
	• Issued To – Name of person picking up component or cooler
5	Fax a copy of the form to Montlake for computer entry in SQ of issue

PROCEDURE NOTES/LIMITATIONS

- You will have only 60 seconds to attach the compatibility label to the component and scan the unit number from the component tag and the barcode from the compatibility label

REFERENCES:

- Technical Manual. Bethesda, MD; AABB, current edition
- Standards for Blood Banks and Transfusion Services. Bethesda, MD; AABB, current edition

RELATED DOCUMENTS:

FORM Blood Product Pickup Slip
FORM UH3363 UW Medicine Transfusion Record
FORM UH3919 UW Medicine Transfusion Record (Haemobank)
SOP *Visual Inspection of Blood Components at Northwest Campus*
SOP *Quarantine and Final Disposition of Blood Components at Northwest Campus*
SOP *Issuing Blood Components in a Blood Cooler at Northwest Campus*

UWMC SOP Approval:

UWMC CLIA Medical Director	Mark H. Wener, MD	Date 10/20/20
Transfusion Service Manager	Nina Sen	Date 10/16/20
Transfusion Service Compliance Analyst	Christine Clark	Date 10-16-2020
Transfusion Service Medical Director	Monica B Pagano, MD	Date 10-19-2020

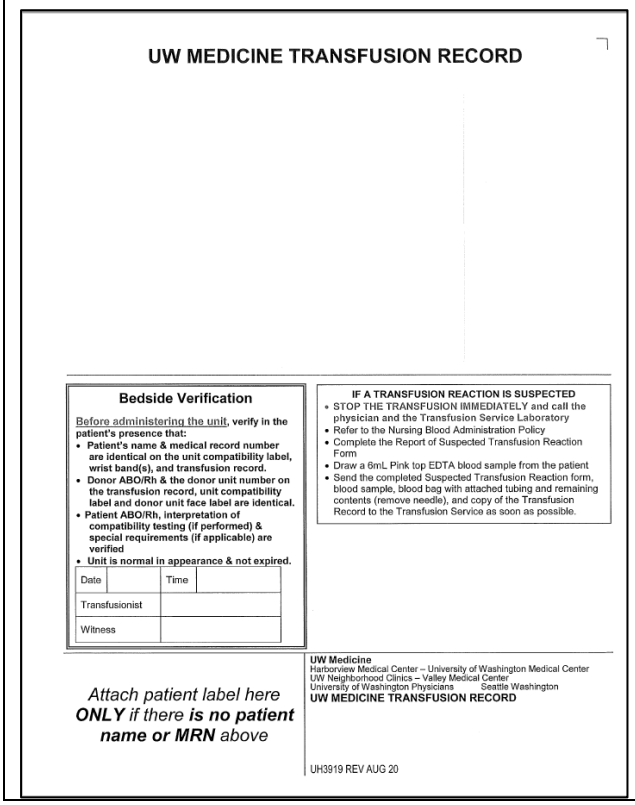
UWMC Biennial Review:

	Date
	Date

APPENDICES:

APPENDIX 1: Examples of Transfusion Records

Components remotely allocated from Haemobank	Used for thawed plasma, thawed cryoprecipitate, and RBC components allocated from Montlake stock



UW MEDICINE TRANSFUSION RECORD

Bedside Verification

Before administering the unit, verify in the patient's presence that:

- Patient's name & medical record number are identical on the unit compatibility label, wrist band(s), and transfusion record.
- Donor ABO/Rh & the donor unit number on the transfusion record, unit compatibility label and donor unit face label are identical.
- Patient ABO/Rh, interpretation of compatibility testing (if performed) & special requirements (if applicable) are verified
- Unit is normal in appearance & not expired.

Date		Time	
Transfusionist			
Witness			

IF A TRANSFUSION REACTION IS SUSPECTED

- STOP THE TRANSFUSION IMMEDIATELY and call the physician and the Transfusion Service Laboratory
- Refer to the Nursing Blood Administration Policy
- Complete the Report of Suspected Transfusion Reaction Form
- Draw a 6mL Pink top EDTA blood sample from the patient
- Send the completed Suspected Transfusion Reaction form, blood sample, blood bag with attached tubing and remaining contents (remove needle), and copy of the Transfusion Record to the Transfusion Service as soon as possible.

*Attach patient label here **ONLY** if there **is no patient name or MRN** above*

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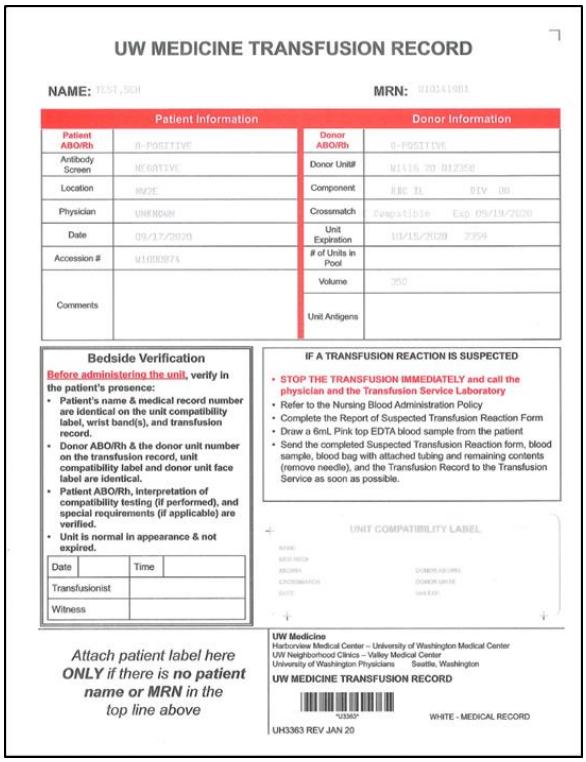
UW Neighborhood Clinics – Valley Medical Center
University of Washington Physicians Seattle Washington
UW MEDICINE TRANSFUSION RECORD

UH3919 REV AUG 20



UW MEDICINE TRANSFUSION RECORD

NAME: TEST,SOH MRN: U10341981

Patient Information		Donor Information	
Patient ABO/Rh	O-POSITIVE	Donor ABO/Rh	O-POSITIVE
Antibody Screen	NEGATIVE	Donor Unit#	W1416 20 012358
Location	HP2E	Component	RBC IL DIV 00
Physician	UNKNOWN	Crossmatch	Compatible Exp 09/19/2020
Date	09/17/2020	Unit Expiration	10/15/2020 2359
Accession #	W1000874	# of Units in Pool	
		Volume	250
Comments		Unit Antigens	

Bedside Verification

Before administering the unit, verify in the patient's presence:

- Patient's name & medical record number are identical on the unit compatibility label, wrist band(s), and transfusion record.
- Donor ABO/Rh & the donor unit number on the transfusion record, unit compatibility label and donor unit face label are identical.
- Patient ABO/Rh, interpretation of compatibility testing (if performed), and special requirements (if applicable) are verified.
- Unit is normal in appearance & not expired.

Date		Time	
Transfusionist			
Witness			

IF A TRANSFUSION REACTION IS SUSPECTED

- STOP THE TRANSFUSION IMMEDIATELY and call the physician and the Transfusion Service Laboratory
- Refer to the Nursing Blood Administration Policy
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- Draw a 6mL Pink top EDTA blood sample from the patient
- Send the completed Suspected Transfusion Reaction form, blood sample, blood bag with attached tubing and remaining contents (remove needle), and the Transfusion Record to the Transfusion Service as soon as possible.

UNIT COMPATIBILITY LABEL

*Attach patient label here **ONLY** if there is **no patient name or MRN** in the top line above*

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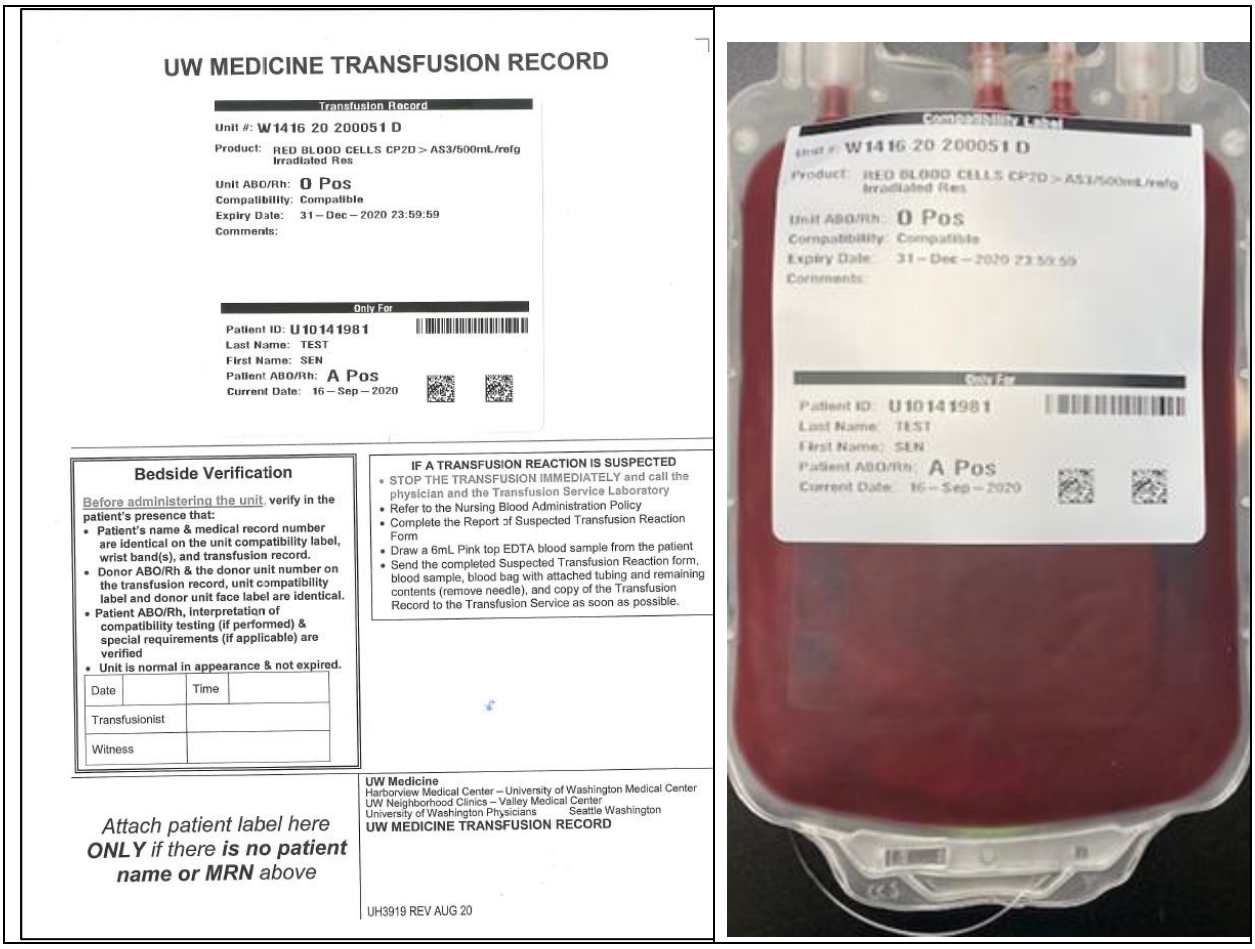
University of Washington Physicians Seattle, Washington
UW MEDICINE TRANSFUSION RECORD

WHITE - MEDICAL RECORD

UH3363 REV JAN 20

APPENDIX 2: Attaching Haemobank Labels to Transfusion Record and Blood Component



UW MEDICINE TRANSFUSION RECORD

Transfusion Record

Unit #: W1416 20 200051 D

Product: RED BLOOD CELLS CP2D > AS3/500mL/refg Irradiated Res

Unit ABO/Rh: O Pos

Compatibility: Compatible

Expiry Date: 31 – Dec – 2020 23:59:59

Comments:

Only For

Patient ID: U10141981

Last Name: TEST

First Name: SEN

Patient ABO/Rh: A Pos

Current Date: 16 – Sep – 2020

Bedside Verification

Before administering the unit, verify in the patient's presence that:

- Patient's name & medical record number are identical on the unit compatibility label, wrist band(s), and transfusion record.
- Donor ABO/Rh & the donor unit number on the transfusion record, unit compatibility label and donor unit face label are identical.
- Patient ABO/Rh, interpretation of compatibility testing (if performed) & special requirements (if applicable) are verified
- Unit is normal in appearance & not expired.

Date		Time	
Transfusionist			
Witness			

IF A TRANSFUSION REACTION IS SUSPECTED

- STOP THE TRANSFUSION IMMEDIATELY and call the physician and the Transfusion Service Laboratory
- Refer to the Nursing Blood Administration Policy
- Complete the Report of Suspected Transfusion Reaction Form
- Draw a 6mL Pink top EDTA blood sample from the patient
- Send the completed Suspected Transfusion Reaction form, blood sample, blood bag with attached tubing and remaining contents (remove needle), and copy of the Transfusion Record to the Transfusion Service as soon as possible.

Attach patient label here ***ONLY*** *if there* ***is no patient name or MRN*** *above*

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UW MEDICINE TRANSFUSION RECORD

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