



University of Washington Medical Center 1959 NE Pacific Street. Seattle, WA 98195 Transfusion Services Laboratory Policies and Procedures Manual	Original Effective Date: 10-28-2020	Number: PC-0092.01
	Revision Effective Date:	
TITLE: Transfusion Reaction Workflow at Northwest Campus		

PURPOSE:

To describe the workflow for processing transfusion reaction workups at Northwest Campus

LOCATION:

Northwest Transfusion Support Service (TSS)
 Montlake Transfusion Service Laboratory (TSL)

PRINCIPLE & CLINICAL SIGNIFICANCE:

Any adverse signs and/or symptoms occurring during or subsequent to the transfusion of blood or blood components should be considered a potential part of a life-threatening reaction.

POLICIES:

- Any adverse reaction experienced by a patient in association with a transfusion should be regarded as a suspected transfusion reaction and must be evaluated promptly and to the extent considered appropriate by the medical director. The evaluation should not delay proper clinical management of the patient (e.g. issuing blood to severely bleeding patients)
- Workup and testing associated with a suspected transfusion reaction workup is considered **STAT**
- NW TSS will be notified by clinical team of suspected transfusion reaction. Upon notification TSS will send specimen collection tube and *Report of Suspected Transfusion Reaction* form to clinical team to complete
- The following will be sent to NW TSS immediately upon receipt from the clinical team
 - Completed *Report of Suspected Transfusion Reaction*
 - Patient post-transfusion specimen – **NOT** required for Mild urticarial rash, hives, redness or itching/pruritus only
 - Photocopy of Transfusion Record
 - Implicated component bag(s) and attached infusion set and IV fluid
- NW TSS will
 - Verify sample acceptability. Refer to SOP ***Transfusion Service Specimen and Test Order Receipt at Northwest Campus***
 - Order a **TRRX** (Transfusion Reaction Workup) in Sunquest (SQ)
 - Call Montlake TSL to notify them of the pending workup
 - Pack and send, via the STAT courier, the above items to TSL

NOTE: Do not return components transfused or partially transfused in SQ. These should remain in issued status. Pack and send the component to Montlake TSL without transferring in SQ.
- Montlake TSL will
 - Notify the TSL resident or MD on-call of the reaction
 - Perform the workup
 - Notify the TSL resident or MD on-call of the workup results
 - Notify the NW TSS when patient can receive additional blood components

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- ADDITIONAL TRANSFUSIONS DURING WORKUP**
 Except in the case of life -threatening bleeding, or as indicated by the TSL covering physician, further transfusion should be deferred until the initial work-up is completed and the TSL resident or TSL MD on-call has approved further transfusions. **If blood is required before initial work-up is complete, ONLY group O RBCs, AB plasma and non-group O platelets may be provided** until a hemolytic transfusion reaction has been ruled out
- Blood components associated with a suspected transfusion reaction should be handled in a manner and packed, as soon as possible, according to SOP **Returning Blood Components to Montlake from Northwest Campus** to prevent deterioration or bacterial growth. If for some reason the component cannot be immediately packed with the appropriate coolants, place the component in the quarantine area of the appropriate storage device
- The blood supplier is notified by the UW TSL Medical Director in the event of a transfusion related fatality; transfusion transmitted infectious disease or other serious adverse transfusion event that may be related to the donor.

SPECIMEN REQUIREMENTS:

EDTA is preferred and if not tested soon after collection, should be stored at 1-6°C. Red top tubes are acceptable - refer to SOP **Transfusion Service Specimen and Test Order Receipt at Northwest Campus**

REAGENTS/SUPPLIES/EQUIPMENT:

Reagents:	Supplies:	Equipment:
NA	Report of Suspected Transfusion Reaction Form	NA

QUALITY CONTROL:

NA

INSTRUCTIONS

STEP	ACTION
1	Instruct the nurse/clinician to send the following to NW TSS ASAP: <ul style="list-style-type: none"> Completed <i>Report of Suspected Transfusion Reaction</i> form Photocopy of the <i>Transfusion Record</i> Component bag(s) and attached infusion set and IV fluid Labeled post reaction EDTA specimen Note: Post reaction sample is not required for the following: Mild urticarial rash, hives, redness or itching/pruritus only <ul style="list-style-type: none"> Any remaining blood components that are pending transfusion IMPORTANT: Do NOT release any additional blood components until workup is complete and TSL MD on-call has approved additional transfusions except in the case of a bleeding emergency – refer to Additional Transfusions policy statement above NOTE: A blank <i>Report of Suspected Transfusion Reaction Form</i> (UH3933) may be obtained from the laboratory and sent to the RN if requested

STEP	ACTION						
2	RN will Record the following information on a blank <i>Report of Suspected Transfusion Reaction Form</i> (UH3933). Form can be obtained from the laboratory.						
3	The following should be received by NW TSS within approximately 30 minutes: <ul style="list-style-type: none"> • Completed <i>Report of Suspected Transfusion Reaction</i> (UH3933) form • Photocopy of the <i>Transfusion Record</i> • Component bag(s) and attached infusion set and IV fluid • Labeled post reaction EDTA specimen 						
	<table border="1"> <thead> <tr> <th data-bbox="293 562 607 611">IF</th> <th data-bbox="607 562 1443 611">THEN</th> </tr> </thead> <tbody> <tr> <td data-bbox="293 611 607 678">Received</td> <td data-bbox="607 611 1443 678">Go to next step</td> </tr> <tr> <td data-bbox="293 678 607 747">Not received</td> <td data-bbox="607 678 1443 747">Follow up with clinical team on EDTA sample for workup to be sent to lab for processing</td> </tr> </tbody> </table>	IF	THEN	Received	Go to next step	Not received	Follow up with clinical team on EDTA sample for workup to be sent to lab for processing
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5	Verify the specimen meets TSL requirements for testing – refer to SOP <i>Transfusion Service Specimen and Test Order Receipt at Northwest Campus</i>						
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Call Montlake TSL to notify them of the suspected Transfusion Reaction and pending delivery							
7	Pack the following in a blood shipping container – refer to SOP <i>Returning Blood Components to Montlake from Northwest Campus</i> <p>IMPORTANT:</p> <ul style="list-style-type: none"> • The component should remain in “Issued” status to the recipient in SQ • Do not return the transfused or partially transfused component in SQ. • Do not transfer the component to Montlake in SQ 						
8	Montlake TSL will <ul style="list-style-type: none"> • Page lab medicine resident on call to notify of the suspected transfusion reaction • Perform TRRX workup per SOP <i>Transfusion Reaction Investigation</i> 						

STEP	ACTION
9	LMR and or the TSL MD on call will <ul style="list-style-type: none">• Follow up with clinical team regarding transfusion reaction• Notify Montlake TSL to approve release of further blood components
10	Montlake TSL will notify NW TSS when further blood components can be released on patient

CALCULATIONS/INTERPRETATIONS/RESULTS REPORTING/NORMAL VALUES/CRITICAL VALUES

NA

REFERENCES:

- Standards for Blood Banks and Transfusion Services, Bethesda, MD; AABB, current edition
- Technical Manual, Bethesda, MD; AABB, current edition
- Guidance for Industry: Notifying FDA of Fatalities Related to Blood Collection or Transfusion, FDA CBER 9, 2003

RELATED DOCUMENTS:

FORM *Report of Suspected Transfusion Reaction*

SOP *Transfusion Service Specimen and Test Order Receipt at Northwest Campus*

SOP *Returning Blood Components to Montlake from Northwest Campus*

APPENDIX

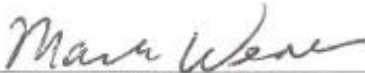
NA

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**Number:
PC-0092.01**

UWMC SOP Approval:

**UWMC CLIA
Medical Director**


Mark H. Wener, MD

Date 10/20/20

**Transfusion
Service Manager**

Nina Sen

Date _____

**Compliance
Analyst**


Christine Clark

Date 10-19-2020

**Transfusion
Service
Medical Director**


Monica Pagano, MD

Date 10-20-2020

UWMC Biennial Review:

Date _____

Date _____