

PROCEDURE

Title: Weak D post RhIG Injection

Procedure #: 2015BLOODBANK76

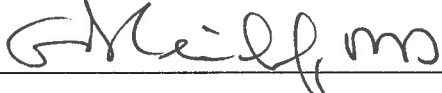
Institution: Highlands Regional Medical Center

Address: 3600 Highlands Avenue, Sebring Florida 33870

Prepared by: Anita Smith

Date: 6/12/2015

Title: Laboratory Administrative Director

Accepted by:  **Date:** 6/12/15

Title: Laboratory Medical Director

Date Patient Testing Implemented: 7/1/2009

Review of procedure every two years

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

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Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Discontinued testing date: _____



Policy Name: Weak D after RhIG Injection

Department: Blood Bank-Lab

Departmental Review:

Policy #: B8.9

INITIATE DATE
07/2009

DATE REVIEWED/REVISED

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PURPOSE:

Widespread postpartum use of Rh immunoprophylaxis at 28 week gestation and delivery has reduced immunization to a D antigen to 0.1%

POLICY:

At Highlands Regional Medical Center a type and screen is done during pregnancy and at physician request after delivery.

PROCEDURE:

1. Perform a panel on positive screen.
2. If antibody is anti-D and is 2+ or less reactivity as AHG and no reactivity at 37°C document if Rhogam was given within the last three months and report panel as positive with comment "due to passive anti-D"
3. If antibody is anti-D and is 3+ or more reactivity at AHG and /or reactivity at 37°C document that Rhogam was given within the last three months, report panel as positive. Titer is ordered only if requested by physician.
4. Call the physician and document.
5. Rhogam should be given in either case.

REFERENCES:

AABB Technical Manual, 15th edition, 2005, p548-549



Policy Name: Weak D after RhIG Injection

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Reviewed by	Reviewed Date	Reviewed by	Reviewed Date
<i>[Signature]</i>	8-6-14		
<i>[Signature]</i>	5-27-15		
<i>[Signature]</i>	5/28/15		

Initial Implementation Date: _____

Taken out of Service: _____

Reason: _____

Reviewed by: *[Signature]* Date: 7/10/13

Department Supervisor

Reviewed by: *[Signature]* Date: 7/8/13

Department Adm. Director

Reviewed by: _____ Date: _____
Department Chief Technologist

Reviewed and Approved by: *[Signature]* Date: 7/8/13
Department Medical Director