PROCEDURE

Title: Handling of Blood and Blood Products after being Issued

Procedure #: 2015BLOODBANK84

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: _____, MD Date: 6/12/15

Title: Laboratory Medical Director

Date Patient Testing Implemented: 6/25/2009

Review of procedure every two years

Reviewed by: _____ Date: _____

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Reviewed by: _____ Date: _____

Discontinued testing date: _____

Highlands Regional MEDICAL CENTER

Policy Name: Handling Issued Blood and Blood Products **Department: Blood Bank-Lab**

Departmental Review: **Policy #:**

INITIATE DATE	DATE REVIEWED/REVISED	PAGE 1 of 3
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PURPOSE:
To insure proper handling of all issued blood and blood products upon leaving the Blood Bank and to ensure the integrity of the blood product when a delay in administration to the patient occurs.

POLICY:
Blood should be requested from the blood bank only at the time it is needed for transfusion and administered as soon as possible after issue. It is unacceptable to store blood components in unmonitored conditions outside the Blood Bank. If the transfusion cannot be initiated within 20 minutes, the blood should be returned to the blood bank for proper storage.

PROCEDURE: The following are general instructions for handling blood and blood products once removed from the Blood Bank:

1. The intended recipient and the blood container must be properly identified before the transfusion is started.
2. Sterility must be maintained.
3. All blood components must be transfused through a filter designed to remove clots and aggregates (generally a standard 170 – 260-micron filter).
4. Blood and components should be mixed thoroughly before use.
5. No medications or solutions may be routinely added to or infused through the same tubing with blood or components with the exception of 0.9% Sodium Chloride, Injection (USP).
6. Lactated Ringer's Injection (USP) or other solutions containing calcium should never be added to or infused through the same tubing with blood or components containing citrate.
7. Blood components have been prepared by techniques that aid in preserving sterility up to the time of expiration. If the container is entered in a manner that violates the integrity of the system, the component expires 4 hours after entry.
8. Blood components may be warmed if clinically indicated for situations such as exchange or massive transfusions, or for patients with cold-reactive antibodies. Warming must be accomplished using an FDA-cleared warming device so as not to cause hemolysis.
9. Some life-threatening reactions occur after the infusion of only a small volume of blood. Therefore, unless otherwise indicated by the patient's clinical condition, the rate of infusion should initially be slow. Severe reactions may occur with as little as 10 ml transfused. Potentially life-threatening reaction mostly occurs within 10 to 15 minutes of the start of transfusion. If there is no sign of a reaction after the first 15 minutes, the flow rate can be increased to the designated infusion rate. Vital signs are taken prior to start of transfusion, 10 to 15 minutes after start of transfusion, and after the full bag of blood product are transfused to the patient(post transfusion). If a transfusion reaction occurs, the transfusion must be discontinued immediately and appropriate therapy initiated. The infusion should not be restarted unless approved by transfusion service protocol. Specific instructions concerning possible adverse reactions shall be provided to the patient or a responsible caregiver when direct medical observation or monitoring of the patient will not be available after transfusion.
10. Transfusion should be completed within **4 hours** and prior to component expiration.

11. All adverse events related to transfusion, including possible bacterial contamination of a blood component or suspected disease transmission, must be reported to the transfusion service.

PROCEDURE NOTES:

1. Units returned to the blood bank after a period outside of the monitored refrigeration will be unsuitable for reissue if sterility of the container is compromised or if the temperature has reached 10°C or above. Any units returned that do not meet the reissue requirements established in this policy will be disposed of according to biohazard regulations and documented in the disposition log as a wasted unit.
2. Platelets may be returned to inventory if they have not been out of agitation for longer than 24 hours, there is no visible clumping and platelets swirl.
3. The return of the unit will be documented in the proper section of the patient transfusion history card.

REFERENCES:

AABB Technical Manual, 17th edition
CAP Requirement: TRM.41050, TRM.41150

Highlands Regional MEDICAL CENTER

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Departmental Review: **Policy #:**

INITIATE DATE **DATE REVIEWED/REVISED** **PAGE 3 of 3**
09/25/2009 **05/2013**

Reviewed by	Reviewed Date	Reviewed by	Reviewed Date
	8.6.14		
	5-27-15		
	5-29-15		

Initial Implementation Date: _____

Taken out of Service: _____

Reason: _____

Reviewed by: _____ Date: 6/10/13
Department Supervisor

Reviewed by: Angela Lawster Date: 6/4/13
Department Adm. Director

Reviewed by: _____ Date: _____
Department Chief Technologist

Reviewed and Approved by: _____ Date: 6-4-13
Department Medical Director