PROCEDURE

Title: Soft Bank Down Time Procedure

Procedure #: 2015BLOODBANK66

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: 5/20/2014

Review of procedure every two years

Reviewed by: _____ Date: _____

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: _____

Highlands Regional MEDICAL CENTER

Policy Name: SoftBank Downtime Procedure **Department:** Blood Bank

Departmental Review: **Policy #:**

INITIATE DATE **DATE REVIEWED/REVISED** **PAGE** 1 of 2
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PURPOSE:
The purpose of this procedure is to manage the blood bank workflow when laboratory information (LIS) is down and to provide a system of recovery for once the LIS is back on line.

PROCEDURE:

1. Print downtime forms a. Computer Downtime Worksheet
   b. Computer Downtime - Phenotyping
   c. Computer Downtime - Product Issue Record
   d. Computer Downtime - Daily QC
2. Access SoftBank backup file to look up patient blood bank history.
3. Print patient order labels.
4. Print and fill out blank transfusion slip.
5. Record results on downtime forms.
6. When the LIS system is on line, gather all forms and log results into SoftBank.
7. Ensure that all forms are reviewed and signed.
8. Save all manual form in the downtime logbook.

REFERENCES:

- SoftBank super user Manual, SCC, FL

Highlands Regional Medical Center
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Blood Bank Department

Computer Downtime Worksheet

PATIENT NAME: BIRTH DATE:	MEDICAL RECORD NO: ARM BAND NO:	SAMPLE DATE: TIME:
DOWNTIME BARCODE LABEL	ORDER LABEL	Data Entered into the computer: Tech: Date: Reviewed by: Date:

1). Card checked:_____ YES_____NO 2). Historical ABO/Rh:_____ NO _____YES _____ABO/Rh _____Date

3). Significant antibody/-ies:_____ 4). Significant adverse reaction: _____

5. Special instructions: _____

ABO/Rh Forward-Reverse Typing

	anti-A	anti-B	anti-D	D cont.	A1cells	B cells	TYPE/Rh	TECH
RETYPE								

Antibody Screen

	IS				37°C				AHG								INTERP	TECH
	I	II	III	AC	I	II	III	AC	I	CC	II	CC	III	CC	AC	CC		
RETYPE																		

Compatibility Testing

Date	Donor No.	Exp.	Type	IS	37°C	AHG	INTERP	TECH	ANTIGEN	TECH

Direct Antiglobulin Testing

ANTISERA	REACTION	CC	INTERP	TECH
Poly				
Anti-IgG				
Anti-C3				

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Computer Downtime Worksheet – Phenotyping

Patient Name: _____ ABO/Rh: _____

Medical Record #: _____ Date of Sample: _____ Date Tested: _____ Tech: _____

Antisera	C	E	c	e	C^w	K	k	Fy^a	FY^b	Jk^a	JK^b	S	s	M	N	Le^a	Le^b	P_1						
Patient																								
Positive Control Cell# / result																								
Negative Control Cell#/result																								
Antisera Manufacturer: Immucor / Ortho Lot # Expiration Date																								

Other Manufacture: _____

Positive and Negative Control Cells Manufacturer / Lot No: _____

DAT:

Date	Poly IgG	CC	IgG	CC	C3b,-C3d	CCC	RESULT

Reviewed by/date: _____

Computer Downtime Worksheet – Product Issue Record

PATIENT LABEL	UNIT NO. PROD.	ISSUED TO DATE/TIME LOCATION	VISUAL CHECK AND CONSENT SINGED Y/N	TECH	ENTERED INTO COMPUTER BY/DATE

Reviewed by/date: _____

Computer Downtime Worksheet – Daily Quality Control

TECH:_____ DATE:_____

Reagent	Lot No.	Exp.	Reagent	Lot No.	Exp.
Anti-A			MTS2		
Anti-B			MTS2P		
Anti-D			MTS A/B/D/R		
Rh Control			MTS Anti-IgG		
A1 Cells			MTS Buffer		
B Cells			0.8%Afirmagen A1/B cells		
N-Hance			Surgiscreen I, II, III		
PeG			Confidence QC		
Saline					
Panoscreen I,II,III					
Check Cells					
Comp. Check Cells					
Anti-IgG					
Anti-IgG,-C3d					
Anti-C3b,-C3d					
corQC Red Cells					
corQC Antisera					

Reviewed by:_____ **Date:** _____

Computer Downtime Worksheet – Daily Quality Control

TECH:_____ DATE:_____

Reagent	Control	QCTest	A/P	QCInt P/F	Reagent	Control	QCTest	A/P	QCInt P/F
Anti-A	CORC				A-GEL	CONC1			
Anti-B	CORC				B-GEL	CONC1			
Anti-D	CORC				D-GEL	CONC1			
RhCon	CORC				DC-GEL	CONC1			
A1C	CORA				A1C-G	MTS2P			
BC	CORA				BC-G	MTS2P			
Anti-D	A1C/BC				A-GEL	CONC2			
SC1	SALIN				B-GEL	CONC2			
SC2	SALIN				D-GEL	CONC2			
SC3	SALIN				DC-GEL	CONC2			
SC1N	CORA				A1C-G	CONAB			
SC2N	CORA				BC-G	CONAB			
SC3N	CORA				SUR1	MTS2			
SC1P	CORA				SUR2	MTS2			
SC2P	CORA				SUR3	MTS2			
SC3P	CORA				SUR1	CONAB			
IGG	CC				SUR2	CONAB			
POLY	CC				SUR3	CONAB			
C3	C3CC				BUFRG	MTS2			
					BUFRG	CONAB			

Reviewed by:_____ **Date:** _____

Highlands Regional MEDICAL CENTER

Policy Name: SoftBank Downtime Procedure **Department:** Blood Bank

Departmental Review: **Policy #:**

INITIATE DATE **DATE REVIEWED/REVISED** **PAGE** 2 of 2
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Reviewed by	Reviewed Date	Reviewed by	Reviewed Date
	5.25.15		
	5-29-15		

Initial Implementation Date: **05/20/14**

Reviewed by: Jeanette Pardi Date: 5.19.14
Department Supervisor

Reviewed by: Angela Lawson Date: 5/19/14
Department Adm. Director

Reviewed by: NA Date: _____
Department Chief Technologist

Reviewed and Approved by: _____ Date: _____
Department Medical Director