PROCEDURE

Title: CMV Negative Units, Hemoglobin S Negative Units, Irradiated Units

Procedure #: 2015BLOODBANK88

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: 7/8/2013

Review of procedure every two years

Reviewed by: _____ Date: _____

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Discontinued testing date: _____

Highlands Regional MEDICAL CENTER

Policy Name: Irradiated Blood Products **Department: Blood Bank**

Departmental Review: **Policy #: B4.2**

INITIATE DATE **DATE REVIEWED/REVISED** **PAGE 1 of 2**

PURPOSE:
Blood components that contain viable lymphocytes (including red cell, platelet and granulocyte components and nonfrozen plasma) should be irradiated to prevent proliferation of transfused T- lyphocytes in recipients at risk; the primary cause of transfusion associated graft-vs-host disease (GVHD). Irradiated blood is essential for patients at risk from transfusion related GVHD, including those patient categories outlined in the following procedure. Although leukocyte-reduced components may be less likely to cause post transfusion GVHD, irradiation remains the only acceptable method for preventing this adverse effect of transfusion.

POLICY
The attending physician must indicate at the time of order whether the patient is to receive irradiated blood

PROCEDURE:
1. Homologous blood and blood products for transfusion are exposed to a measured amount of ionizing radiation to prevent the replication of lymphocytes and monocytes. This procedure is performed at OneBlood, Inc. when a physician requests irradiated blood. It is also performed on all Directed Donation units.
2. Indications for the use of irradiated blood and blood products include:
   a. Fetuses receiving intrauterine transfusions
   b. Hodgkin's or non-Hodgkin's lymphoma
   c. Select immunocompetent or immunocompromised recipients
   d. Low birth weight neonates
   e. Bone marrow or progenitor cell transplant patients
   f. Recipients of platelets for HLA or platelet compatibility
   g. Recipients of donor units from blood relatives

PROCEDURE NOTES:
1. The irradiated product carries no radiation risk to the transfusionist or the recipient.
2. No special handling of the product is necessary.

REFERENCES:
AABB Technical Manual

Highlands Regional MEDICAL CENTER

Policy Name: Hemoglobin S and CMV negative blood **Department:** Blood Bank-Lab

Departmental Review: **Policy #:** B4.0

INITIATE DATE **DATE REVIEWED/REVISED**

PURPOSE:
Sickle cell disease results from a variant form of hemoglobin A that can irreversibly polymerize and cause red cells to deform (to "sickle") and block circulation or hemolyze. Sickling, which can be triggered by fever, infection or hypoxia, can lead to pain crises, aplastic crises, leg ulcers, priapism, tissue infarction, and stroke. In light of potential for severe CMV several categories of recipients have been identified who should be protected from transfusion transmitted CMV.

POLICY:
The HRMC blood bank follows the physician orders for transfusion. If there is some question the pathologist will call the physician

PROCEDURE:
Patients with sickle cell disease should receive sickle-cell-negative red cell components at the direction of their attending physician.

1. Order sickle cell negative components by contacting OneBlood.
2. Give the following information to the resource management personnel:
   a. Patient's name, ABO and Rh
   b. Type and quantity of products needed
   c. Urgency of delivery
3. When the sickle-cell negative product arrives, confirm that the units are marked as sickle-cell-negative.
4. Check in unit, crossmatch, and label and issue the unit according to the standard blood bank policies.
5. Patients who should get CMV negative:
   a. Low birthweight premature infants born to seronegative mother
   b. Seronegative recipients of hematopoietic progenitor cells from CMV negative donors.
   c. AIDS patients free of CMV infection.

REFERENCES:
AABB Technical Manual

Highlands Regional MEDICAL CENTER

Policy Name: Hemoglobin S and CMV negative blood **Department:** Blood Bank-Lab

Departmental Review: **Policy #:** B4.0

INITIATE DATE **DATE REVIEWED/REVISED** **PAGE 2 of 2**

Reviewed by	Reviewed Date	Reviewed by	Reviewed Date
	2.19.14		
	5.27.15		
	5-28-15		

Reviewed by: _____ Date: 7/10/13
Department Supervisor

Reviewed by: Angela Lawston Date: 7/8/13
Department Adm. Director

Reviewed by: _____ Date: _____
Department Chief Technologist

Reviewed and Approved by: _____ Date: 7/8/13
Department Medical Director

Highlands Regional MEDICAL CENTER

Policy Name: Irradiated Blood Products **Department: Blood Bank**

Departmental Review: **Policy #: B4.2**

INITIATE DATE **DATE REVIEWED/REVISED** **PAGE 2 of 2**

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	8.19.14		
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Initial Implementation Date: _____

Reviewed by: _____ Date: 7/10/13
Department Supervisor

Reviewed by: Angela Lawster Date: 7/8/13
Department Adm. Director

Reviewed by: _____ Date: _____
Department Chief Technologist

Reviewed and Approved by: _____ Date: 7/8/13
Department Medical Director