**Blood Bank Staff Meeting – 4.27.23**

1. **IQEs/FDA Reportable Events**
	1. ABO Typing Discrepancy on a Trauma Patient:
		1. 1st specimen typed as ‘O’ – Specimen drawn from IV while O RBCs were being transfused.
		2. 2nd, 3rd, and 4th specimens typed as ‘A’
	2. Incorrect Interpretation made when resulting antigen typing.
	3. Antigen Typing performed, but controls are not documented. FDA Reportable? No, antigen typed for Lea; Lea negative RBCs are NOT required.
	4. Emergency Release form not signed by Recording Nurse after patient identification was completed.
	5. No FDA reportable event
2. **Processing and Confirming**
	1. When Every attempt should be made during all shifts to process and confirm the RBCs.
	2. Pull and save segments at the time of confirming.
3. **Observation during Annual Competency**
	1. Cell Suspension should be 3-5%. If unsure, match against the reagent red cells.
		1. If light or heavy, false negative reactions are obtained.
	2. Issue of blood products:
		1. DO NOT SCAN THE MRN from the transfusion tag. Use the MRN listed on the yellow slip.
4. **Review of Gel Cards on Vision**
	1. Any reaction that is less than 2+ in the forward type is considered a discrepant result.
		1. It should be worked up as a discrepancy.
		2. Vision setting has been changed to help detect.
5. **Methodology**
	1. Specimen your methodology for testing (Vision/Manual Gel/PEG – AHG/CC). We have no way of knowing how the testing was performed and/or results are missing if methodology is not documented.
6. **Orders**
	1. DO NOT assume the order is a duplicate if received within few minutes. Review before filling it away.
	2. Receive only the orders that are received on the printer.
	3. Cryo order for 1 unit – confirm whether they want 1 bag (pooled cryo) or a single dose (1 single cryo).
7. **Platelet Standing Order**
	1. If ARC calls to notify us that they do not have any RH neg platelet to fill our standing order, you must tell them that RH pos platelets are **ACCEPTABLE**. DO NOT tell them OK and wait for hours to receive a standing order of platelets. We only need RH negative if patient is a female of childbearing age and is RH negative.
8. **Comments for ABO discrepancies/Mixed Field/Missing or Extra Reactions**
	1. Discrepancy? – Initial results (results that show discrepancy) must be resulted in LIS. Perform override to say how it was resolved.
		1. If discrepancy results are not documented and form is not created, THERE IS NO TRAIL OF HAVING A DISCREPANCY.
		2. **Explain** – Why would you document no discrepancy in the LIS but complete a discrepancy form and submit it for review?
	2. Regardless of what type of discrepancy you have, you MUST place a comment explaining how the discrepancy is resolved.
	3. The comment MUST go under a blood type.
	4. **WHY?** – When the system archives the results, it ONLY archives the ABO interpretation and not the reactions. The interpretation will carry the comment with it allowing us to know in future whether there was a discrepancy and if so, how it was resolved.
	5. Please follow the SOP. **DO NOT CREATE YOUR OWN!**
9. **Blood Products Returned to the Lab**
	1. If blood products are returned to the lab as spiked, they are to be considered transfused to the patient regardless of the amount patient received.
	2. DO NOT RETURN it back to the lab. Accept the return from the floor and simply discard it. NO NEED to do anything in LIS.
10. **Fetal Screen**
	1. Perform a QC on a new lot of Fetal Screen before moving the old lot onto student’s shelf and/or discarding it.
11. **Short Dated Units**
	1. If found when doing USR report, please place short-dated stickers on and bring them forward.
12. **Massive Transfusion:**
	1. If a patient receives more than 10 units within 24 hours, request a new specimen 2 hours prior to the end of 24-hour period. Refer to policy (BB08-014 Massive Transfusion, Section 6.1.4).
13. **Upcoming Changes**
	1. DAT in LIS will require you to enter results for the AC (performed with Poly).
		1. If AC pos, the DAT results are invalid.
	2. Fetal Screen – fields for you to document Lot # and Exp.