## TITLE: Blood Bank Response to Emergency Room Trauma Protocol

## PRINCIPLE:

When blood is released before completion of the crossmatch, an order must be placed by the physician, indicating that responsibility is accepted for the transfusion of blood without awaiting the completion of compatibility testing.

**CLINCIAL SIGNIFICANCE:**

When blood is urgently needed, the patient’s physician must weigh the risk of transfusing uncrossmatched or partially crossmatched blood against the risk of delaying transfusion until compatibility testing is complete. The risk that the transfused unit might be incompatible may be judged to be less than the risk of depriving the patient of oxygen-carrying capacity of that transfusion.

### PERSONNEL

Medical Technologists

### REAGENT PREPARATION & EQUIPMENT

1. Blood Bank Cooler

## SPECIMEN COLLECTION:

No sample required

### QUALITY CONTROL

Not applicable

**STEPWISE PROCEDURE:**

**When accepting O negative units into inventory, choose 2, remove two segments from the unit labeled with the donor number label. Obtain a blank downtime Transfusion Tag and fill in the unit information (see example). Copy the Heartland Label, attach the segments copied label and downtime transfusion tag to the unit before placing on the stock shelf.**

When a CODE YELLOW, Category A is called:

 Pull two O negative red blood cells with copied Heartland label from the stock.

 Remove the segments labeled with the donor’s number and the copied Heartland label and retain in the Blood Bank

 Keep the downtime Transfusion Tag with the unit

 Affix a Hemo Temp II sticker to each of the units

 **Note that the blood is being released uncrossmatched, the date and time by placing the bright lime green**

 **“NOT CROSSMATCHED/PARTIALLY CROSSMATCHED”**

 **sticker on the blood bag.**

 

 Place the units in one of the Blood Bank coolers for the phlebotomist to take to the

 Emergency Room. If you use the Playmate cooler (larger one), place an ice pack on the

 bottom, place the wrapped units on top of this ice pack and another ice pack on top.

 Therefore sandwiching the blood units between the two ice packs.

 **No Blood Bank Transfusion Request (pink slips) are required for this release**

 **If O Rh- negative blood is not available, the technologist will communicate with the physician and/or RN caring for the patient. If unable to speak directly to RN and/or Physician, another Physician or RN shall be notified. The name of the individual(s) to whom the information is given will be recorded on the Blood Bank Requisition by the technologist.**

* **Once an order is placed to “Transfuse O negative Blood” follow the procedure below (an electronic order is NOT needed to send up the units in the cooler)**

 **Complete the following steps to dispense a product in an emergency situation:**

1. Inventory
2. Product Orders Service
3. Em\_Issue
4. Enter Last Name, First Name; or F-3 By Order
5. Select Patient
6. Select current stay
7. Esc-Quit, to remove patient caution window
8. At the order number field, click enter
9. Select the correct products from the correct order number
10. Scan in unit Number and product code for applicable unit(s)
11. F-12 Accept
12. “Do you accept the choice?” Yes
13. “Xmatch Status requested unless proved compatible. Select?” Yes
14. Edit Issue Date and Time, if needed
15. Select Condition Code from drop down menu
16. Enter the ward (ED, OB, etc) in “Issue To” field.
17. Edit Ward, if necessary
18. F-12 Accept to save
19. “Save changes?” Yes
20. If patient has historical ABO/Rh, system may display: “List of units eligible for electronic xmatch. Perform electronic xmatch?” Yes
21. Enter Exception comment or F-5 to select from canned messages
22. F-12 Accept
23. “Save exception comment?” Yes
24. Select number of labels needed
25. Select printer for labels (M30\_Zbloodbank) (If indicated)

Print Emergency Transfusion Slip (If Indicated)

1. Inventory
2. POS
3. Print
4. Enter patient Last Name, First Name; or F3 by Order
5. Esc from caution box
6. Select Unit(s)
7. F12-Accept
8. Print
9. Select printer (HP Test)

 Tag the cooler using the return by form with the return time (two hours from dispense) for

 the blood if not used.

 RETURN BY:

 Trauma patients will be drawn according to the Laboratory Services for Major Trauma

 Protocol, procedure no. 658-N-I-9. and the Blood Bank procedure no. 4840-BB-100,

 ORDERING BLOOD AND OTHER COMPONENTS.

If the physician cannot wait until the type and screen is completed,

 dispense the blood as uncrossmatched at whatever stage the testing is in**.**

 **No Blood Bank Transfusion Request (pink slips) are required for this release.**

DO NOT RELY ON PREVIOUS BLOOD BANK RECORDS, BLOOD

 GROUP CARDS FROM OTHER FACILITIES OR ORGANIZATIONS,

 OR ID TAGS, BRACELETS OR DRIVER’S LICENSE FOR BLOOD

 TYPE

 THE PHYSICIAN AND/OR RN WLL BE NOTIFIED IMMEDIATELY

 IF PRIOR UNCROSSMATCHED UNIT(S) DISTRIBUTED ARE

 FOUND TO BE INCOMPATIBLE UPON BEGINNING BLOOD GROUPING

 AND TYPING. THE NOTIFICATION WILL SPECIFY THAT THE UNIT

 BEING TRANSFUSED NEEDS TO BE STOPPED

 BE SURE TO COMPLETE THE CROSSMATCH EVEN THOUGH THE

 BLOOD HAS BEEN RELEASED.

 **After 4 units are released for the patient**:

a) Inquire with emergency room staff if they would like fresh frozen plasma. Place two units of type-specific or type-compatible frozen plasma

 in the plasma thawer. When these units are thawed, dispense them to the

 Emergency Room**.**

 **No Blood Bank Transfusion Request (pink slips) are**

 **required for this release**.

 b) Check blood supply for this patient’s type and order additional blood

units or component stock.

Order blood sufficient for current situation and minimum inventory, if indicated, from Heartland Blood Center (630-892-7091).

 **After 6 units are released for the patient:**

1. Check that we have at least one pheresed platelet that can be dispensed to the

patient. If none available, order from Heartland.

 **If incompatibility is detected at any stage of the testing notify and**

 **discuss this development with the physician. IMMEDIATELY**

 **begin antibody workup in accordance with Blood Bank policy.**

 **Notify Pathologist and Sr. Technologist of this occurrence.**

b**).** If an incompatible unit was transfused the technologist will:

 Call the nurse manager on the patient care unit during the day or the house supervisor

 on evenings or late nights to notify them of this occurrence.

 **Information requires direct person to person call.**

 **DO NOT LEAVE ON VOICE MAIL OR E-MAIL)**

c). The manager or house supervisor will communicate to the physician the information

 about the incompatibility, unit stopping, and substitution of compatible blood via

 report.

 d) File an occurrence report

 e) The Blood Bank, through the Pathologist or the Blood Bank Sr. Tech, will

 subsequently notify the Primary Care Physician about the incompatible transfusion

NOTE: The downtime Transfusion Tag should stay with the patient’s chart and will be scanned in by medical records

NOTE: The emergency room staff assumes all responsibility for positive patient identification during Trauma Yellow A transfusions.

**\*\*\*NOTE**: At the completion of the emergency, please file all orders for emergent O neg in the “Emergency Release and MTP” folder for the current year in the front of the completed orders bin. These orders are to be retained for 10 years.

### REPORTING RESULTS

 Report all results through the Laboratory Information System.

 Refer to the Soft Computer Manual for complete instructions.

REFERENCES

Trauma Committee, January 2005

AABB Technical Manual, 16th Edition, 2008.

Standards for Blood Banks & Transfusion Service 25th edition, 2008.

Soft Computer, Clearwater Florida