## TITLE: Blood Bank Response to Emergent Release of Blood to the NICU

## PRINCIPLE:

When blood is released before completion of compatibility testing, 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

Blood Bank Cooler (only if requested)

## SPECIMEN COLLECTION:

No sample required

### QUALITY CONTROL

Not applicable

**STEPWISE PROCEDURE:**

When an emergent need for O negative blood occurs in the NICU:

 Pull the Neonatal O negative red blood cells or remove one or more pedipacks

Pull 2 segments from the parent bag to remain in the blood bank

 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.**

 

AN ORDER SHOULD PRINT STATING THAT THE NICU IS REQUESTING BLOOD FOR EMERGENCY RELEASE. IF YOU ONLY HAVE A VERBAL PLEASE REQUEST THAT THEY PUT THE ORDER IN ASAP. THE BLOOD IS TO BE SENT UP THROUGH THE PNEUMATIC TUBE STATION UNLESS OTHERWISE STATED BY THE NURSING STAFF.

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

 **If 0 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.**

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

**May need to confirm CMV negative and irradiated status of unit before release**

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 NICU 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)

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)

 Emergent need for blood samples will follow the same protocol as NICU normal

 Transfusion samples. See Procedure: 4840-BB- 603 for more information.

  DO NOT RELY ON PREVIOUS BLOOD BANK RECORDS, BLOOD

 GROUP CARDS FROM OTHER FACILITIES OR ORGANIZATIONS,

 OR ID TAGS, BRACELETS.

 BE SURE TO COMPLETE THE NEONATAL WORK UP EVEN THOUGH THE

 BLOOD HAS BEEN RELEASED. SEE PROCEDURE 4840-BB-603,

 *Neonatal Transfusion Orders Procedure* (Patients Less than 4 Months)

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

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

 THE NOTIFICATION WILL SPECIFY THAT THE UNIT BEING TRANSFUSED

 NEEDS TO BE STOPPED

 **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: WHOLE BLOOD CAN BE USED ONLY WHEN IT IS THE SAME ABO GROUP AS THE PATIENT.

 If other components are required (FP, Platelets etc.) Order and release in the routine

 manner

 **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

NICU Committee, July, 2015

AABB Technical Manual, 16th Edition, 2008.

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

Soft Computer, Clearwater Florida