**Guide for Undetermined ABO Types and Products to Give**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Crossmatch: | Assign: | | ADD: |  |
|  | CURRENT SAMPLE  ABO/RH | HISTORICAL CERNER  ABO/RH |  | Red CELLS | | Plasma/Platelets | PPI Comment: | NOTES: |
| **IF** | Undetermined | A pos/neg  B pos/neg  O pos/neg  AB pos/neg | **Then** | O neg only\*  \*Requires Supervisor/Team Lead XM override  **<Or>**  \*Issue Emergency UnXm’d Release | | First: AB  Second: A  (No Override required) | Patient’s Current ABO/RH is Undetermined. Give “O neg” Red Cells and “AB or A” plasma products. | Place Requisition in the ABO Review tray at Riley. |
|  |  |  |  |  | |  |  |  |
| **IF** | A pos/neg  B pos/neg  O pos/neg  AB pos/neg | Undetermined | **Then** | Red CELLS | | Plasma/Platelets | PPI Comment: | NOTES: |
| O neg only\*  \*Requires Supervisor/Team Lead XM override  **<Or>**  \*Issue Emergency UnXm’d Release | | First: AB  Second: A  (No Override required) | none | Place Requisition in the ABO Review tray at Riley. |
|  |  |  |  |  | |  |  |  |
| **IF** | Undetermined | Undetermined | **Then** | Red CELLS | | Plasma/Platelets | PPI Comment: | NOTES: |
| O neg only  (No Override required) | | First: AB  Second: A  (No Override required) | none | none |