

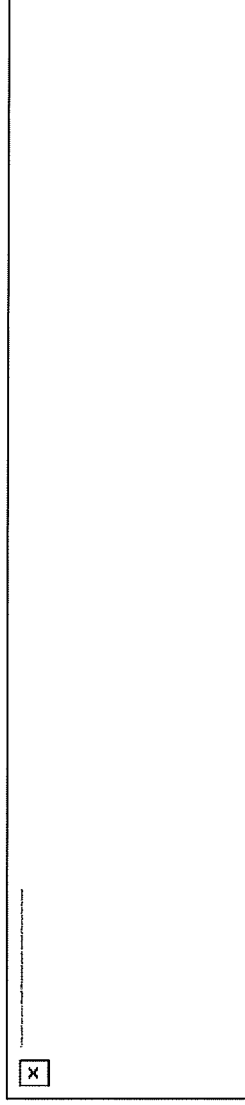
Slayten, Jayanna K

From: Hospital Support <hospitalssupport@hospitalssupport.redcross.org>
Sent: Monday, April 3, 2023 12:09 PM
To: Slayten, Jayanna K
Subject: Important Inventory Planning Schedule Update

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Important Inventory Planning Schedule Update

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Dear Transfusion Services Partner,

In keeping with our commitment to build a strong, sustainable blood supply, the American Red Cross is strengthening its efforts to promote appropriate use of O-negative red blood cells (RBCs). In the United States approximately 6.9% of donors are group O-negative, yet the Red Cross distributes nearly twice that amount with some hospitals exceeding 20% of their overall RBC use

as O-negative. Escalating demand for O-negative RBCs has reached unsustainable levels and requires action.

Effective May 1st, the Red Cross will update your hospital's O-negative Planning Schedule to reflect a combination of historic usage and clinical attributes of your hospital (Pediatric, Level 1 Trauma, and General). These changes are necessary to foster improved stewardship of products in near chronic shortage. Published studies have shown that large numbers of O-negative RBCs are being transfused to non-O-negative patients and that policies to ensure this does not happen can reduce O-negative utilization by 10% (See: Dunbar et al. *Transfusion* 2018;58:1348-55 and Zeller et al. *Transfusion* 2017;57:2329-2337). We are seeking your support in safeguarding O-negative blood for the patients that require it.

While patient-specific factors should always be considered first, the following suggested approach is recommended: O-negative RBCs should be reserved for patients whose blood type is O-negative, especially those with known anti-D on antibody screen.

- Use type O-positive (or type-specific if type is known) red cells as the preferred emergency release units for all patients with trauma (*Transfusion* 2019;59:3794–3799) and in patients with massive surgical bleeding for whom the blood type is not yet known.
- When O-negative inventories are low, consider switching O-negative females or those whose blood type is unknown to O-positive.
- Type O-negative RBCs should NOT be used to identify C, E, K antigen negative units. If appropriate, screening group A, B or AB

Rh-negative should be done or contact Red Cross to obtain antigen negative units.

- Use type-specific red cell units for neonates and infants if there is no present incompatibility from passive maternal anti-A or anti-B. Please consider using type-specific on pediatric patients utilizing large volumes, such as those children being supported on ECMO.

All requests for medical need should be communicated either by placing a STAT order in Connect with comments providing details of the medical need or calling our Order Management staff directly.

We understand emergent medical needs may require blood above your Inventory Planning Schedule. In these unique situations, the pathologist or blood bank physician will be asked to contact the on-call Red Cross regional Medical Director to review the urgent medical need request. Orders over the Planning Schedule can only be released with Medical Director approval, not by Order Management or Account Management staff. This escalation process helps ensure these limited resources is available for the patients that require it most.

Most hospitals already operate within the newly assigned parameters and will experience little to no impact. For those with changes, please contact your Account Managers with any questions or your Medical Director to discuss recommendations on appropriate inventory management and transfusion practices associated with group O blood.

We all benefit from building a more sustainable blood supply. While the Red Cross continues to optimize its recruitment and collections activities to attract and retain group O-positive and group O-negative donors, we appreciate your

collaboration in safely and appropriately reducing the dependence on group O-negative RBCs.

Thank you,



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Chief Medical Officer

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