

American Red Cross Biomedical Services Washington, DC 20006	Legacy Doc #: 16.4.frm865_W2038	Doc #: FRM-0003538
	Rev #: 1.0	Effective Date: 8/21/2023
<b>Form: After-Hours Patient Urgency Assessment Tool</b>		

- What** This form provides a tool to assess the urgency of testing for patient samples submitted to the Immunohematology Reference Laboratory (IRL) for evaluation during non-routine hours of operation.
- Who** Staff who submit patient samples. May include IRL staff members, Regional Medical Director, and IRL customers.

## Instructions

Unused spaces may remain blank.

If the after-hours workup is deemed emergent by the Transfusion Service Medical Director (TSMD), a discussion between the TSMD and the American Red Cross (ARC) physician is required.

ARC Physician approval is **REQUIRED** for after-hours testing.

Required fields to be completed by the Blood Bank hospital/facility staff or TSMD to assist with after-hours communications:

- Patient current hemoglobin (including date/time).
- Date/time blood is required.
- Reason for expediting.
- Patient Name and Diagnosis.
- Referring Hospital (include blood bank telephone number).
- Name of Transfusion Service Medical Director (TSMD) – MUST be a physician (include telephone number of TSMD contact).
- Name of American Red Cross (ARC) physician assisting with work-up after-hours.
- Date/time of discussion.
- Complete the Assessing Urgency questions as applicable.

ARC physician will mark the appropriate box (Yes or No: Approved for STAT work-up) and initial/date bottom of form.

### Revision Notes

Rev #	Remark
1.0	Initial version.

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## Form: After-Hours Patient Urgency Assessment Tool

**FOR AFTER-HOURS (ON-CALL) REFERENCE LAB PATIENT WORKUPS**

**BEFORE** ordering a STAT EMERGENT work-up, **please notify your Transfusion Service Medical Director (TSMD)** and assess urgency based on the criteria listed below. If the after-hours workup is deemed emergent by the TSMD, **a discussion between the TSMD AND the American Red Cross (ARC) Physician is required. ARC Physician approval is REQUIRED for after-hours testing.** Please contact the ARC Physician at 501-554-2166.

If the TSMD and ARC Physician discussion determines the case to be emergent, proceed with placing the service order in Connect and **upload the approved and completed urgency assessment tool form to the Connect service order.**

**Obtain the following information to assist with after-hours communications:**

(\*REQUIRED FIELDS to be completed by the Blood Bank hospital/facility staff or Transfusion Service Medical Director (TSMD).)

\*Patient's current hemoglobin value (include date/time-attach printout): \_\_\_\_\_.

\*Date/time blood is required: \_\_\_\_\_.

\*Reason for expedited handling: \_\_\_\_\_.

*Patient Name:	*Patient Diagnosis:
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*Referring Hospital:	*Referring Hospital Blood Bank Telephone Number:
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*Name of TSMD Contact ( <b>MUST</b> be a physician):	*Telephone Number of TSMD Contact:
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*Name of ARC Physician Assessing workup after-hours:	*Date/time of Discussion:
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**Approved Scenarios:**

- Patient actively bleeding.
- Emergency surgery.
- Life-threatening anemia-hemoglobin of <7.0g/dl with symptomatic anemia.
- Recent medical history that could be adversely impacted by development or worsening of anemia.

**Disapproved Scenarios:**

- Outpatient transfusion.
- Elective surgery.
- Transfusion not emergent and patient's condition unlikely to change for several hours.
- Hemoglobin of >7.0 g/dl with no symptomatic anemia.
- Platelet Crossmatching.
- Rhogam workups.
- Daratumumab patient cases.
- No orders to transfuse.
- DAT workup where patient has not been transfused within last 3 weeks.
- Red blood cell phenotyping.
- Requests for Low Frequency antigen negative screening.
- Sickie testing.
- Patient being transferred to another facility within 12 hours.

**Assessing Urgency**

*The following questions are designed to help identify referrals for immunohematologic resolution that should be elevated to an emergency status. (\*REQUIRED FIELDS to be completed by the Blood Bank hospital/facility staff or TSMD.)*

1. **\*Is the patient actively bleeding?**  Yes  No
2. **\*Does the patient require emergency surgery during the next 24 hours?**  Yes  No
3. **\*Are ALL units incompatible AND case meets emergent need?**  
 Yes  No
4. **\*Patient's clinical symptoms or other relevant symptoms?**
  - a. Compromised cardiopulmonary reserve (presence of cardiac and/or pulmonary disease)?  Yes  No
  - b. Increased rate/magnitude of blood loss (actual) anticipated?  
 Yes  No
  - c. Atherosclerotic Disease (cardiovascular, cerebrovascular, peripheral vascular disease)?  Yes  No
  - d. Altered O<sub>2</sub> consumption (affected by pharmacologic agents, sepsis, or other factors)?  Yes  No

**Emergency status should be considered for those patients who:**

- **Have a yes answer to either question, #1, 2 or 3**
- OR-
- **Suffer any of the symptoms listed in #4.**

\*Approved for STAT workup?  Yes  No

ARC MD initials and date: