**CPOE Impacts for the Blood Bank:**

1. **Requisition Updates**
   1. New, simplified order names (Red Blood Cells, Plasma, Platelets, Cryoprecipitate, Blood Prime, Reconstituted Blood).
   2. New fields on the product orders to capture modification requests (CMV neg, irradiated, etc)
   3. Updated fields on Transfusion Complication (Symptoms, Temp Increase, etc).
   4. Product order Accession number printing on the requisition automatically.
2. **CPOE Application Updates**
   1. Weight based flexing directing the individual to order in mLs or units.
   2. The provider must provide the volume to allow for tubing for aliquot preparation which means we will no longer default to 15mL on aliquots. The drop down order is 0, 15, or 35 mL).
   3. Defaulting to 1 unit for patients >25kg. Field to capture tube volume for an adult product order.
3. **Rules to look for a valid ABORh, IAT, or XM depending on product type ordered** 
   1. This means if there is a product order, but there is not a valid/current type and screen then there is automatic type and screen ordered. This will remove the need to call type and screen when receiving a product order.
   2. ****When ordering a type and screen with a RBC product order, now the system will automatically order a computer xm. This removes the need to add a computer crossmatch to the existing accession type and screen. This rule will not apply for patients with antibodies. We will have to **cancel and re-order the crossmatch as a Careset.**
4. **New tags and laser printers.**
   1. Retiring Lexmark printers.
   2. New adhesive, peel off portion of tag to go on back of the unit.
   3. Full tag only being sent and returned from OR/Specialty areas
      1. Surgery
      2. Out-of-Hospital
      3. Downtime situations
      4. Blood Prime orders (prime for dialysis and ECMO).
5. **Nurses documenting in I/O Flowsheet in most areas and not on paper (with expectations).** 
   1. For data on the transfusion look in I/O Flowsheet
   2. Result review may also provide information about the patient’s transfusion.

**Other Lab Appreciated Changes**

1. **PPI, lab samples vs. Pending Procedures**

A screenshot of a computer

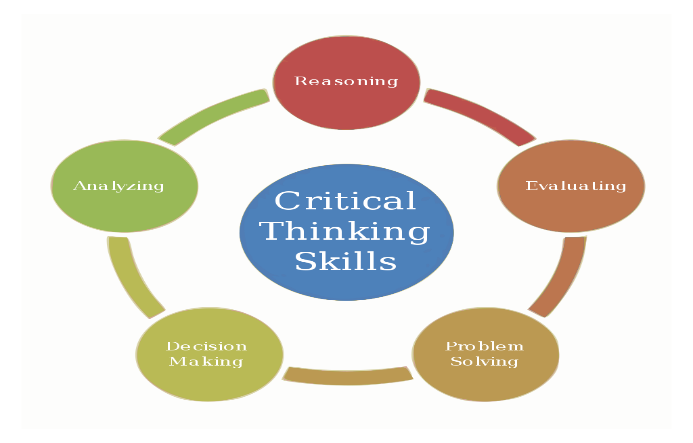
Description automatically generated

The Available Specimens Icon AND the Pending Procedures Icons give you the accessions which have been requested on the patient for sample testing, crossmatch and product orders.

1. **Transfusion Document available for Downtime** the same form for component AND xm’d units
   1. One printed document has been placed in all downtime folders.
   2. We will have to use this for any downtime product orders.
2. **When dispensing an emergency uncrossmatched or MTP, then an extra page prints** 
   1. Titled **Emergency Transfusion Tag**.
   2. We are not using this second page, as the physician has to order and sign the MPT/Uncrossmatched in Cerner.
   3. Discard this paper when it prints.

**A logo on a blue sky

Description automatically generated**



**Updates and Reminders for 11/3/23**

1. A close-up of a medical label

   Description automatically generatedOut of Hospital Transfusion Documents require the MRN for the Client written on the Transfusion Document Tag. EXAMPLE

DA 700012364

**KINDRED 10th Street**

++ We have had units returned, causing a delay in transfusion, when the Client’s number is not on the product.

This applies for all clients a) IDN, b) PCF, c) RHI and d) Kindred.

1. **Place the top of the Transfusion Document for the unit at dispense only for** 
   * + 1. OR/Surgery
       2. Out of Hospital
       3. Downtime
       4. Blood Prime

++ We have had several reports of units being sent to the floor with

1. **CICC is not Out of Hospital**

CICC orders are IUH Clinics.

Orders for CICC do not require Top of the Transfusion Document sent.

1. **Verify your product orders**

++ We have had several calls to the HelpDesk because the nursing task did not appear. When we investigated, we found the product order was not verified in Cerner.

* If it’s not verified in Cerner, then there is no notification to the nursing team the blood is ready.
* This has caused the nursing team to call us and verify the blood is ready. We can decrease phone calls from the floor by ensuring these requisitions are completed.

**New**

1. **MTP Impact**

In MTP SOP, we assign and dispense the platelet for the MTP dose. There is not clinician transfusion documentation ***in Cerner*** for this transfusion.

* Therefore, we need to send the top of the Transfusion Document for MTP platelets.
* Clinical team will document the transfusion start and stop time, at a minimum.

1. **What is now on the Transfusion Document Tag is Different**

There was a comment about when the unit was crossmatched and WHO did the crossmatch is not on the Transfusion Document tag.

++ Yes, this is true

* We not longer have the tech who xm’d or set up the products.
* We no longer have the date the unit was set up or xm’d on the tag.

This will impact the Overnight team when they are taking units down from xm’d or assignment at the end of the shift.

We will update overnight Standard Work



**Still work on the following issues: 11/3/23**

* Top of the Form Sent? There are situations when we may have to send the Top of the Transfusion Document to the floor.
* Returned Transfusion Document management is still be developed.