**Compilation of Tech Responses:** Override Technical Meeting

**Scenario 1: Trying to Allocate a Unit before Patient testing is Performed**

Using your created patient, order a TXM for 2 units. Before resulting any of the TXM tests, attempt to allocate **Unit 1**. Patient is not tested yet and unit is OPOS.

|  |  |  |
| --- | --- | --- |
| **Question** | **Answer** | **#** |
| **What override appears?** | Selected unit does not match patient’s permanent ABO (and Rh) | 10 |
| Unit ABO does not match patient ABO  Unit Rh does not match patient Rh | 9 |
| **In what situations should this override be overridden?** | Traumas or emergencies  Emergency Release   * Need to result TS * Male patient or Female >50 | 15 |
| **What reason codes should be used if attempting this override?** | EMR | 14 |
| PAO  We certainly have a large number of reason codes probably due to incomplete description of the problem at hand. | 5 |
| ABODIS | 1 |
| ABOCP | 1 |
| PIIP | 1 |
| PTSNA | 1 |
| URGENT | 1 |
| SPROB | 1 |
| **How does this change the crossmatch method?** | Since the TSCR is not resulted, the units must be manually crossmatched (I.S) | 11 |
| Uncrossmatched. Need physician signature | 1 |
| If screen neg -> electronic, if screen pos -> IS or AHG based on AB | 1 |
| When the sample comes | 1 |
| IS or wait to satisfy electronic XM guidelines w/ QAPTXM comment | 1 |

*Per 5317-1 and AABB Standard 5.25, group O RBCs can be issued without any compatibility testing prior to the completion of required patient testing. Physician must sign for the risk.*

*This example is unrealistic for HMC TSL. SOP 5317-1 states that we do the ABD test, set up the antibody screen, allocate the units, add the comment Emergency Release, and result the TS test prior to selecting Emergency Issue (requires overrides) issuing the units as Uncrossmatched with an Urgent Blood Release form. After the antibody screen is completed, perform the appropriate serologic crossmatch (unit is in issued status).*

*These steps are not required for group O RBCs but it would be necessary if you switch the patient to type specific (non-group O) prior to completion of the antibody screen.*

*SQ will require a serologic crossmatch for any RBC in an “Issued” status.*

**Scenario 2: Result Patient Testing with an ABO Discrepancy**

**ABO/Rh (ABR and ARC) Antibody Screen**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **-A** | **-B** | **-D** | **CT** | **A1 cell** | **B cell** | **INTER** |  | **37** | **AHG** | **CC** | **INTER** |
| **0** | **0** | **4** | **ND** | **2** | **W** | **?** | **S1** | 0 | 0 | 3 | Neg |
|  | | | | | | | **S2** | 0 | 0 | 3 |
| **S3** | 0 | 0 | 3 |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| **Question** | **Answer** | **#** |
| **What override appears?** | Specimen reaction entry does not match system interpretation | 13 |
| Would not interpret without workup so no overrides | 2 |
| **In what situations should this override be overridden?** | * When an ABO discrepancy workup has been completed. If possible confirm blood typing with historical record. Also confirm tube was drawn appropriately * After investigation, discrepancy solved * Explanations: newborn, elderly, diagnosis, AB plasma transfusions * Unacceptable sample – IV fluid – ***Only if a new sample cannot be collected.*** | 15 |

|  |  |  |
| --- | --- | --- |
| **Question** | **Answer** | **#** |
| **What reason codes should be used if attempting this override?** | ABODIS (ABO discrepancy) ***Correct*** | 3 |
| PAO ***With a Variance, right?*** | 3 |
| CWG (consistent with grid results) | 3 |
| BBR ***Not a correct choice*** | 1 |
| PIIP  ***Correct*** | 8 |
| SPROB ***Correct*** | 5 |
| EMR ***Only if it is an Emergency Release*** | 1 |

*Lots of reason codes could apply.*

***The only unacceptable choice here is “BBR”. Blood Bank Reason should be utilized rarely. Any use of BBR requires thorough comments and a QIM.***

**Scenario 3: Sample is Not Acceptable for Testing**

Nurse Krang calls and says the sample collected earlier was contaminated with IV fluid and he was sending a new specimen. Cancel the TXM. (A QIM is not necessary)

|  |  |  |
| --- | --- | --- |
| **Question** | **Answer** | **#** |
| **What override appears?** | * Specimen testing ABO (and Rh) does not match patient’s permanent ABO | 9 |
| * Specimen test result modification | 10 |
| **In what situations should this override be overridden?** | * When cancelling a specimen, when updating results, patient receives stem cell transplant, erroneous results input earlier * Update BAD file also * Results removed or modified | 12 |
| **What reason codes should be used if attempting this override?** | AMEN  ***OK*** | 3 |
| EMR ***If it is an Emergency Release order*** | 1 |
| BBR ***Not Acceptable*** | 1 |
| PTSNA ***Correct*** | 3 |
| SPROB ***Correct*** | 1 |
| PIIP ***Correct*** | 4 |
| \*used UW lab reason code, not override code\* | 1 |

*Lots of reason codes could apply.*

***The only unacceptable choice here is “BBR”. Blood Bank Reason should be utilized rarely. Any use of BBR requires thorough comments and a QIM.***

**General Request:** Create CANX override code. *Asked Brenda to add to Scott’s List hopefully created as part of the 2014 Upgrade.*

**Question: If an unacceptable sample is tested, do we replace the results with ND or leave them and add a credit and comment?**

* Leave your reactions in the fields.
* Interpret as “BBCAN” for ABD and “YBBCAN” for Antibody Screen.
* Perform override with reason code: PTSNA, AMEN, PIIP, SPROB or UPDATE.
* ***This captures your results but does not change the BAD file.***
* Don’t forget the credit!

**Scenario 4: Acceptable sample received**

The new specimen has arrived.

* Order a new TXM for two units and enter the below results
* Attempt to allocate one of the units **on green paper** (unit testing incomplete)

**ABO/Rh (ABR and ARC) Antibody Screen**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **-A** | **-B** | **-D** | **CT** | **A1 cell** | **B cell** | **INTER** |  | **37** | **AHG** | **CC** | **INTER** |
| **0** | **0** | **4** | **ND** | **4** | **3** |  | **S1** | 0 | 0 | 3 |  |
| ACC #: | | | | | | | **S2** | 0 | 0 | 3 |
| **S3** | 0 | 0 | 3 |

|  |  |  |
| --- | --- | --- |
| **Question** | **Answer** | **#** |
| What override appears? | Product testing incomplete  **100% Correct!** | 15 |
| In what **situations** should this override be overridden? | Do NOT override. Problems with unit need to be resolved | 12 |
| If unit passes visual inspection?  If medical director approves | 1 |
| Product given in trauma pack and cannot be retrieved | 1 |
| What **reason codes** should be used if attempting this override? | * N/A: No override reasons exist ***Correct*** | 12 |
| * TDONE – testing performed but not yet entered in the computer. Result TS to print tag. ***Wouldn’t apply to this scenario. The testing needs to be entered into SQ and/or repeated if the original tech is not available to enter their results.*** | 1 |
| EMR ***(see #3 below)*** | 2 |
| BBR with QIM and Deviation form | 1 |

**Scenario 4: Product Testing Incomplete** (continued)

**Situations:**

1. The Medical Director **cannot** approve issue of a product when product testing **can** be completed. Visual inspection can be completed. Type confirmation easily can be performed from a segment.
2. There may be situations in which appropriate donor testing has not been completed in which case the Medical Director isn’t the acceptor; it is the patient’s physician who accepts the risk of transfusing a product not tested to current standards. *Example:* Older frozen RBC for patient with high frequency antibody may not have been tested for viral markers by newer test methods. This is an **Exceptional Release** and requires lots of paperwork for the patient’s physician to sign.
3. Blood given in a trauma pack would have 2 sources of unit cells for type confirmation – segments saved in trauma pack and the retention sample. If both are missing and type confirmation cannot be performed, the FDA must be notified. Visual Inspection could be resulted from the original BDR and/or Trauma Log. The TSL tech who hands off the unit is responsible for pre-issue visual inspection and signs for the acceptable appearance when updating the log.

**Reason Codes:**

1. There are no reason codes to cover this exact example.
2. Type confirmation and visual inspection must be completed.
3. In the case of exceptional release, PAO is a good reason code as the Medical Director will be involved in the situation.

**Trauma Pack Units**

This example was an RBC.

What about a plasma product that needed BLC?

* + A new label can be printed in SQ and checked after the transfusion.
  + This is FDA reportable.

**Scenario 4: Acceptable sample received**

Attempt to allocate **Unit 2**. ***Group APOS RBC***

|  |  |  |
| --- | --- | --- |
| **Question** | **Answer** | **#** |
| What override appears? | Selected unit’s ABO does not match patient’s (or specimen’s) permanent ABO | 14 |
| In what situations should this override be overridden? | Do NOT override. ABO incompatible flag. ***Correct*** | 9 |
| If medical director approved for switch ***See box below*** | 4 |
| Only if Rh is being flagged due to MF ***Doesn’t apply to this scenario*** | 1 |
| If plasma, low titer grp A with deviation form ***Doesn’t apply to this scenario*** | 1 |
| What reason codes should be used if attempting this override? | N/A: I would never do this | 8 |
| PAO/OKDOC ***PAO applies to our Medical Director’s approval to deviate from SOP.***  ***OKDOC is for the patient’s physician acceptance.***  ***I can’t imagine that the Medical Director would agree to an ABO incompatible RBC transfusion without talking to the clinical care team so I would use PAO.*** | 6 |

**This RBC is Major ABO Incompatible with the Recipient**

I certainly hope the day doesn’t come that we are in such a disastrous state that we are transfusing group O patients with group A RBCs.

We will be giving **low titer anti-B group A plasma products** to patients in the future. Studies show that this is clinically effective without adverse reactions in the patient.

If a CLT brings you an ABO incompatible RBC to allocate, please take a moment to have them explain to you the reason for their selection. Then select an appropriate product to allocate and issue.

**Scenario 5: Changes to Patient Requirements**

The patient’s doctor calls and says the patient needs irradiated and leukoreduced products.

* Update the BAD file to reflect this information.
* Now attempt to allocate Unit 3.

Medical Director approval is part of our policy allowing the transfusion of non-irradiated cellular products as part of trauma response.

**For all non-trauma response cases, Medical Director approval and physician notification would be required if attributes cannot be fulfilled.**

|  |  |  |
| --- | --- | --- |
| **Question** | **Answer** | **#** |
| What override appears? | Patient / unit attribute incompatibility  *Attributes missing on unit - IRR* | 15 |
| In what situations should this override be overridden? | Explicit approval has been obtained from medical director ***Certainly a possibility if all efforts to obtain an irradiated RBC are fruitless and transfusion is required.*** | 12 |
| Never ***Works in this case where the problem is selection of an incorrect product*** | 2 |
| EMR *OK if it was a trauma response* | 1 |
| Antisera not available/testing not required  ***Not applicable to attributes*** | 1 |
| What reason codes should be used if attempting this override? | PAO *See text box above*  OKDOC *OK if the patient’s physician is signing an Urgent Blood Release form.* | 9 |
| EMR *OK if it was a trauma response* | 1 |
| NEVER *Hope this never happens to any of us* | 2 |
| ABCIS ***Not Acceptable*** | 1 |
| BBR ***Not Acceptable*** | 1 |

*If a ≤ 4 month old comes in and gets RBCs from the pediatric trauma pack or a non-irradiated platelet (our only group AB), an override will be required for the allocation and retrospective crossmatch. The Pediatric RBCs in the trauma pack are* ***not*** *irradiated to reduce hyperkalemia but ≤ 4 month old requires irradiated cellular products per our SOP. In this case, we should call PSBC Central immediately and ask for ONEG fresh LKR and IRRD RBC for this neonate. Obtain additional irradiated platelets (type specific or group AB) if needed.*

**General Questions**

#1

You are allocating and issuing 6 units of RBCs for an MTP patient in the OR. The patient has already received 12 units via electronic crossmatch with no problems. When allocating the last unit, a warning appears stating that unit’s product testing is incomplete. How would you resolve this?

**Quarantine unit until MTP is resolved. When MTP is finished, troubleshoot unit to attempt to solve problem. Look into label check, visual check, ABO recheck. If you cannot resolve, leave for a lead or manager. File QIM**

#2

According to the SQ User Guide, what is the difference between a warning and a failure?

**A warning appears during data entry and only needs to be acknowledged. A failure appears when you attempt to save and must be overridden. Not all failures can be overridden by CTs.**

#3

You are asked to result the ABPATH after the medical director’s consult is completed, but the specimen expired. What override code would you use to result the ABPATH?

**AMEN OR UPDATE**

Other Responses that are acceptable:

* TDONE – enter ABPATH results
* SPROB – addition of results after specimen expiration
* SPEX

***Question: When the specimen is expired – do we modify the expiration date in order to avoid the override?***

**Absolutely NOT!** Extending the crossmatch validity date causes an unsafe situation for the patient.

In the case of unacceptable or exhausted samples, we need to “expire” the sample. SQ won’t let us. So we shorten the expiration to today’s date and add a BBC comment stating the sample should not be used for testing.

#4

Describe a situation in which you have used the reason code BBR or would you use BBR. ***Note: Using BBR requires a QIM.***

**Responses:**

* Multiple overrides with different override codes. ***A possibility that I don’t want to encounter on my shift. But it is a good use of BBR (with a QIM and PSN, if indicated).***
* ABO Discrepancy and other issues with MTP patients. ***Use code ABODIS or SPROB***
* Mixed field due to transfusion elsewhere; obtain history from that facility. ***Use code ABODIS or SPROB***
* Test Cancellation – need CANX override code. ***We have this on the list for the summer upgrade. If the test was entered in error, use EE. If results need to be amended, use AMEN or UPDATE.***
* Resulting ABPATH after specimen is expired. ***See question 3 above.***
* Weak back type. ***Use ABODIS***

#5

You need to give A plasma to an AB patient due to the shortage. A deviation has been signed by the medical director. What override code would you use in this situation?

**PAO, ICP**