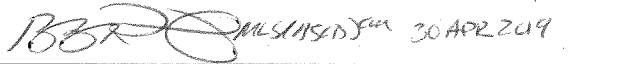




Louis A Johnson VAMC Diagnostic Services – Laboratory (114)	Distribution: Intradepartmental
BB-244 Emergency Request for Uncrossmatched Blood	SOP # BB-244

Emergency Request for Uncrossmatched Blood

Approval and Revisions	
BB-244 Emergency Request for Uncrossmatched/Incomplete Crossmatched Blood	Date Adopted: 03/03/2008
<input type="checkbox"/> New Policy/Procedure <input checked="" type="checkbox"/> Revision Supersedes	
Prepared by (Signature) / Date Ryan McDaniel	Approved by Laboratory Medical Director (Signature/ Date) Dr. Brock Oliverio
 30 APR 2019	 4-30-2019
Laboratory Manager/SMT (Signature) / Date Frank Secreto	
 4-30-19	

Historical Data: Annual Review		
Review Date	Reviewed by (Signature)	Findings of Review
		<input type="checkbox"/> No changes <input type="checkbox"/> Minor changes—see below <input type="checkbox"/> Revision initiated
		<input type="checkbox"/> No changes <input type="checkbox"/> Minor changes—see below <input type="checkbox"/> Revision initiated
		<input type="checkbox"/> No changes <input type="checkbox"/> Minor changes—see below <input type="checkbox"/> Revision initiated
		<input type="checkbox"/> No changes <input type="checkbox"/> Minor changes—see below <input type="checkbox"/> Revision initiated
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		<input type="checkbox"/> No changes <input type="checkbox"/> Minor changes—see below <input type="checkbox"/> Revision initiated
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		<input type="checkbox"/> No changes <input type="checkbox"/> Minor changes—see below <input type="checkbox"/> Revision initiated
Date	Page #	Description of change
04/30/2019	3	Deleted designee portion
04/30/2019	3	Updated references

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PURPOSE: When blood is urgently needed, the patient's physician must weigh the risk of transfusing uncrossmatched blood against the risk of delaying the transfusion until compatibility testing is completed. The risk that the transfused unit might be incompatible may be considered to be less than the risk of depriving the patient of oxygen-carrying capacity during that transfusion.

In cases like this, there must be a record of a signed statement from the requesting physician indicating that the clinical situation was sufficiently urgent to require the release of blood before pre-transfusion testing was completed.

RESPONSIBILITY: It is the responsibility of all lab personnel to adhere to policies and procedures set forth.

PROCEDURE:

For **UNCROSSMATCHED**

****IF NO TYPE AND SCREEN HAS BEEN PERFORMED, REQUEST TUBES TO BEGIN PROCEDURE.****

1. After the Blood Bank has been notified of the urgent need for blood by the requesting physician, the blood bank must fill out the following on form BB-304 (Emergency Request):
 - a. Date
 - b. Time
 - c. Location
 - d. Patients Full Name (as applicable)*
 - e. Full Social Security Number*
 - f. Third Unique Identifier (Pre-filled)

***NOTE:** If the patient's identity is unknown, label with as much information as you can from the physician or nurse to allow for proper patient identification and linkage after the patient has been identified.

2. Take **2 O NEG**s, **save 2 segments per unit for XM**, units from the Blood Bank and using the **UNCROSSMATCHED** Caution Tags and BTRF's that are pre-made, complete ALL of the following fields on BOTH the BTRF and the Caution Tag:
 - Patient's Full Name*
 - Patient's Full Social Security Number*
 - Third Unique Identifier*
 - Recipient's Blood Type (If Known)
 - Unit ID and Product Code
 - Unit expiration date
 - Date and Time assigned
 - Blood Bank Technologist's initials

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***NOTE:** If the patient's identity is unknown, label with as much information as you can from the physician or nurse to allow for proper patient identification and linkage after the patient has been identified.

3. Issue the units using form BB-304 (Emergency Request) by filing in the remaining information on the bottom half:
 - Date issued
 - Time issued
 - Visual inspection satisfactory?
 - Blood Bank Technologist's initials
 - Personnel receiving the blood
4. Obtain the ordering Physician's name and signature on the BB-304 (Emergency Request). By signing BB-304 (Emergency Request) the physician agrees to the following statement:

I believe this patient's life is in jeopardy without an emergency transfusion. The clinical situation of this patient is sufficiently urgent that I request the release of blood for my patient before compatibility testing is completed.

I understand that I accept responsibility for any complications to my patient caused by serological reactions that might have been prevented by complete pre-transfusion laboratory testing.

I understand that the Blood Bank personnel will perform routine compatibility testing as soon as possible and that they will report immediately any incompatibility they may find.

5. Immediately start procedure for Type and Screen, if not already done, as well as compatibility testing on the issued units. If incompatibility is detected at any stage of testing, immediately notify the patient's physician, Laboratory Medical Director and Blood Bank Lead Tech.

REFERENCE:

- AABB. (2018). *Standards for Blood Banks and Transfusion Service 31st Edition*. Bethesda: AABB.
 AABB. (2018). *Technical Manual Nineteenth Edition*. Bethesda: AABB.

EMERGENCY REQUEST FOR UNGROSSMATCHED BLOOD

DATE: _____ TIME: _____ LOCATION: _____

PATIENT'S FULL NAME: _____ SSN: _____ R#: _____

PHYSICIAN:

I believe this patient's life is in jeopardy without an emergency transfusion. The clinical situation of this patient is sufficiently urgent that I request the release of blood for my patient before compatibility testing is completed.

I understand that I accept responsibility for any complications to my patient caused by serological reactions that might have been prevented by complete pre-transfusion laboratory testing.

I understand that the Blood Bank personnel will perform routine compatibility testing as soon as possible and that they will report immediately any incompatibility they may find.

PHYSICIAN'S NAME: _____ PHYSICIAN'S SIGNATURE: _____

FOR BLOOD BANK USE ONLY:

Unit number	Unit ABO/Rh	Expiration Date	Product Code	Date Issued	Time Issued	Visual Inspection Satisfactory?	Tech	Recipient
	O NEGATIVE							
	O NEGATIVE							

This form is to be kept by the Blood Bank Personnel!