



CONWAY MEDICAL CENTER

PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	LAB- SPC-BBK-07.15 Lab Transfusion Service Agreement-PRO		
ISSUED BY:	Sr.Tech, Blood Bank	REFERENCE #:	LAB-SPC-BBK-07.15-PRO
APPROVED BY:	Lab Director	EFFECTIVE DATE:	2008-04-19

SCOPE: Hospital Wide. Informational purposes only.

I. BLOOD COMPONENTS AVAILABLE FROM THE CMC BLOOD BANK:

A. Red Blood Cells:

1. Leuko-reduced – All units issued at this facility are Leuko-reduced
2. CMV Negative – Must be ordered from Red Cross.
3. Autologous/Direct Donor Units

B. Non Blood Products:

1. Fresh Frozen Plasma (FFP)
2. Cryoprecipitate – 10-12 units kept inhouse
3. Platelet Pheresis – 1-2 units kept inhouse (depending on availability)

NOTE: More than two (2) units of platelet pheresis must have Pathologist approval prior to being ordered.

C. Release Criteria:

1. Courier (nurse signing out blood), can never sign out units for more than one patient at a time no matter the circumstances.
2. No more than two (2) units can be released per patient except in the case of emergency or trauma when more units will be released at one sign out.

II. EMERGENCY RELEASE BLOOD :

A. Uncross-matched blood: Requires **EMERGENCY REQUEST FOR BLOOD – FORM # 27** to be presented to the Blood Bank with the physician’s or his designee’s signature.

B. Inventory:

1. A minimum of two (2) units of O Negative blood.
2. Exception: Inventory issues prevent O negative, O Positive units will be issued until the patient’s actual blood type is known. At that time the patient will be switched to their own blood group if criteria are met. See Blood Bank policy 7.180 ABO/Rh Compatibility Guide to determine if ABO antibodies will be a factor in switching a patient to their actual blood group.

III. TRAUMA RELEASE: See detailed protocol in LAB-SPC-07.18



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IV. BLOOD PRODUCT INVENTORY:

- A. Cross-matched units are routinely held in reserve for 72 hours.
- B. Extended Reserve: Only at the request of the physician, and upon approval of the Pathologist units can be held in reserve for longer periods of time, provided the unit(s) is (are) within the dating period, the patient has not received Red Blood Cell units in the interim, and the blood inventory allows.
- C. Autologous/Directed Donor units will be reserved for the patient until the unit's expiration date. If the unit is not used by the patient the unit will be destroyed on the expiration date. Autologous and directed donor units are never placed in the general inventory for use. A valid Type and Screen must be in place before Autologous/Directed Donor units may be issued.

V. DELAYS:

- A. Notification to appropriate staff/physicians: Notification of any delay of receipt or release of product is the responsibility of the transfusion services (Blood Bank Department).
- B. Turn Around Time:
 - 1. Type and Cross: 1 hour
 - 2. Emergency Release: 10 minutes

REFER TO LAB-SPC-BBK-07.06 Release of Blood Products for sign out and computer protocols
 LAB-SPC-BBK-07.18 Massive Transfusion Protocols

RECORDS: NA

REFERENCE STANDARDS: CAP :TRM.30866

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
05/31/11 jo		Reviewed/Revised. Saved electronically in lab G drive.
11/07/11 lds	Format	Changed format to MCN policy manager.
01/01/13wm	Format	Changed format to MCN policy manager.
03/28/13wm	Format	Reviewed no content changes. Placed in newest format. Deleted Messenger pickup -- duplicate.
11/01/13wm/lds	III	Additional section for Trauma release protocol. No release changes just added current practice.
03/03/15wm	Section I B	Changed Cryo & Plts inhouse inventory
04/25/16ls/wm	III	Deleted Refer to policy LAB-SPC-07.18
03/08/17 wm	Section I B	Changed to non blood products



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