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| Name of Policy: | Special Circumstances for Selection of Blood and Blood Components |  | | | | |
| Policy Number: | 3364-108-303 | | | | | |
| Department: | Pathology/Laboratory – Blood Bank | | | | | |
| Approving Officer: | Associate Professor Director, Clinical Pathology/Hematopathology | | | | | |
| Responsible Agent: | Core Lab Coordinator (Michelle Bartkowiak, MT(ASCP)SBB) Manager, Lab (Cynthia O'Connell) | | | | | |
| Scope: | Pathology/Laboratory – Blood Bank | | | | | |
| | | Effective Date: 6/9/2008 Initial Effective Date: 10/1986 | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table> | | | <input type="checkbox"/> New policy proposal | <input type="checkbox"/> Minor/technical revision of existing policy | <input type="checkbox"/> Major revision of existing policy | <input checked="" type="checkbox"/> Reaffirmation of existing policy |
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(A) Policy Statement

The Blood Transfusion Service has established guidelines for the transfusion of blood and blood components under special circumstances and monitors the appropriate use of special blood and blood components in conjunction with the Blood Utilization Review Committee.

(B) Purpose of Policy

To provide safe and appropriate blood and blood components with a minimum turnaround time for patients with special blood requirements.

(C) Procedure

Section 1: Use of Leukocyte-reduced, Irradiated or CMV negative Red Cell and Platelet Products


1. Orders for irradiated red cells or platelets are initiated by the patient's attending physician. See Attachment 30-3A for irradiation guidelines approved by Blood Utilization Review Committee. Consult the Medical Director of Blood Transfusion Service or O.D. when special orders are received for patients not meeting MCH guidelines. It is not necessary to specially treat fresh frozen plasma and cryoprecipitate as these components contain rare cellular elements
2. Leukocyte-reduced RBC by pre-storage filtration are used universally at UMC. Platelets, Pheresis Leukocyte reduced by prestorage filtration are also used universally. Unlicensed non-standard products distributed by ARC as non-leukocyte reduced must be transfused with the special leukocyte-reduction filter supplied by ARC.
3. Patients requiring CMV negative blood products shall receive pre-storage Leuko-reduced Red Blood Cells or Platelets, Pheresis. When pre-storage Leuko-reduced products are not available, RBC and Platelet components must be transfused using a leukocyte reduction filter available through the American Red Cross
4. IBM washed Red Blood Cells may be used for patients with a documented history of febrile transfusion reactions even to leukocyte-reduced RBC by filtration. Notify the BTS Medical Director when washed RBC are requested for any patient.
5. After the initial Special order for transfusion, the Blood Transfusion Service is responsible for special orders on all subsequent transfusions at UMC unless the order is discontinued, in writing, by the attending physician or by order of the BTS Medical Director. The Patient Records in the BBIS must contain the appropriate special instructions.

Section 2: Special Circumstances

1. *Renal Transplant* - T.P. 1 profiles are drawn on all potential renal transplant candidates. Blood Bank specimens for compatibility testing are obtained under the "Band and Hold" order. When the recipient is selected, a T.P.2 profile is ordered. This profile includes an order for "Type & Screen only". The nursing unit must send a "Request for Blood Transfusion" form marked "Type & Screen only" for the selected

recipient or order the Type & Screen in the HIS/LIS. Renal transplant candidates and recipients should receive pre-storage Leuko-reduced blood products. Leukocyte-reduction filters must be used in the event pre-storage Leuko-reduced products are not available.

2. *Sickle-cell Patients* – It is not required to test for Hemoglobin S in donor blood transfused to Sickle cell patients unless the volume of the individual donor unit constitutes a massive transfusion, as in children less than 20 kg. Orders for phenotype-matched donor blood must be approved by the BTS Medical Director.

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| <p>Approved by:</p> <div style="text-align: center; margin-top: 10px;">  </div> <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">Robert L. Booth, Jr., M.D. Date Associate Professor Director, Clinical Pathology/Hematopathology</p> <p>Review/Revision Completed By: Michelle Bartkowiak, MT(ASCP)SBB</p> | <p>Review/Revision Date:</p> <p>6/96 6/9/2008 1/98 3/99 8/00 1/03 1/05 1/2008</p> <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <p>Next Review Date: 6/1/2011</p> |
| <p>Policies Superseded by This Policy:</p> <p><i>It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.</i></p> | |

Reference: AABB Standards for Blood Banks and Transfusion Services, current edition.