


<b>Name of Policy:</b>	<b>Rh(D) Immune Globulin</b>	 <b>Effective Date: 6/9/2008</b> Initial Effective Date: 10/1986
<b>Policy Number:</b>	3364-108-306	
<b>Department:</b>	Pathology/Laboratory – Blood Bank	
<b>Approving Officer:</b>	Associate Professor Director, Clinical Pathology/Hematopathology	
<b>Responsible Agent:</b>	Core Lab Coordinator (Michelle Bartkowiak, MT(ASCP)SBB) Manager, Lab (Cynthia O'Connell)	
<b>Scope:</b>	Pathology/Laboratory – Blood Bank	
<input type="checkbox"/> New policy proposal		
<input type="checkbox"/> Major revision of existing policy		
		<input type="checkbox"/> Minor/technical revision of existing policy
		<input checked="" type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

The Blood Transfusion Service dispenses Rh Immune Globulin to patients when indicated.

**(B) Purpose of Policy**

To prevent Rh immunization in Rh negative patients exposed to the D antigen.

**(C) Procedure**

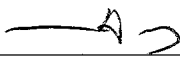
Potential candidates for Rh Immune Globulin therapy should have the following studies done according to the Transfusion Service procedure manual:

- ABO grouping
- D testing
- Antibody screening
- Identification of all clinically significant antibodies, if present.

It is the responsibility of the attending physician to assure the Rh type has been determined on patients admitted for delivery, spontaneous abortion or invasive obstetrical procedures. The AABB Standards Committee and the Inspection and Accreditation program have agreed that the requirement for determination of Rh type can be fulfilled by consulting previous records, providing the tests were done by a laboratory accredited by the AABB or by the College of American Pathologists, or certified by HCFA, or licensed by the FDA. Document the results obtained by the outside laboratory in the BBIS system if the testing laboratory is not UMC.

Patients who demonstrate anti-D in the serum are not candidates for Rh Immune Globulin therapy. Consult patient's physician to rule out antepartum Rh Immune Globulin administration as a cause of detectable anti-D. Women who have received antepartum Rh Immune Globulin are candidates for additional treatment postpartum. All patients at risk for feto-maternal hemorrhage with weak reactions to anti-D should be microscopically examined for mixed field reaction to rule out large fetal bleed. Use caution in interpreting such results as Rh positive. Deliveries are not routine at UMC, therefore, quantitation of fetal bleed is not part of this laboratory's standard procedure. Refer quantitation tests to another laboratory if appropriate.

Rh negative patients transfused with Rh positive cellular products may also be candidates for Rh Immune Globulin prophylaxis. Notify the BTS Medical Director when Rh positive cellular products are transfused to Rh negative recipients. The BTS Medical Director will discuss options with the attending physician and who will initiate orders for Rh Immune prophylaxis for appropriate candidates.

<b>Approved by:</b>   _____ Robert L. Booth, Jr., M.D. Associate Professor Director, Clinical Pathology/Hematopathology  Review/Revision Completed By: Michelle Bartkowiak, MT(ASCP)SBB	<b>Review/Revision Date:</b> 6/96                      6/9/2008 1/98 2/99 10/02 1/05 1/2008  <b>Next Review Date:</b> 6/1/2011
<b>Policies Superseded by This Policy:</b>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*

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