


Name of Policy: <u>Critical Test Limits in the Blood Transfusion Service</u> Policy Number: 3364-108-307 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: 7/1995		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy </td> </tr> </table>		<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
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(A) Policy Statement

The Officer of the Day (O.D.) or the BTS Medical Director is notified when results indicating possible life-threatening or detrimental effects to patients are obtained.

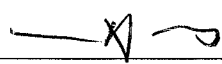
(B) Purpose of Policy

To provide communication necessary to initiate prompt and appropriate patient care management.

(C) Procedure

When the following results are obtained in the course of patient testing, notify the O.D. or BTS Medical Director immediately. Document the time of notification and M.D. notified on the appropriate worksheet or report. The O.D. or BTS Medical Director consults with the patient's attending physician to provide prompt and appropriate patient treatment.

- Positive results in preliminary investigation of adverse reaction to Blood Transfusion including discrepancy in ABO/Rh type, clerical verification, hemolyzed serum or positive direct antiglobulin test when pretransfusion test repeats as negative.
- Positive Gram stain results on donor blood in investigation of adverse reaction to Blood Transfusion.
- Subsequent incompatible crossmatch results or positive antibody screen results when blood is transfused prior to completion of compatibility testing due to patient condition and urgent need.
- Excessive delay (over two hours) in blood availability due to presence of blood group antibodies or low blood inventory levels.
- LTP or MTP on recipient with compatibility problems or when notified of ARC blood supply limitations

Approved by:  <hr/> Robert L. Booth, Jr., M.D. Associate Professor Director, Clinical Pathology/Hematopathology Review/Revision Completed By: Michelle Bartkowiak, MT(ASCP)SBB	Review/Revision Date: 6/96 2/99 3/02 1/05 1/2008 6/9/2008 Next Review Date: 6/1/2011
Policies Superseded by This Policy:	

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