


Name of Policy: Appropriate Blood and Blood Component Use Policy Number: 3364-108-403 Approving Officer: Senior Hospital Administrator Director, Blood Transfusion Service Responsible Agent: Blood Transfusion Service Supervisor Administrative Director, Lab Scope: University of Toledo Medical Center Pathology/Laboratory – Blood Bank		 Effective date: 03/07/2025 Original effective date: 06/1996	
Key words: Appropriate, Blood Use, Utilization, Transfusion Guidelines, Wastage			
<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

(A) Policy Statement

The Blood Transfusion Service has a system to provide prospective, concurrent and retrospective review of use of blood and blood components.

(B) Purpose of Policy

To ensure the use of blood and blood components is optimally beneficial, justified and appropriate for the treatment of the patient.

(C) Procedure

- (1) Current UTMC approved guidelines for the most cited indications for transfusion are defined and required in the HIS orders for each type of blood component. Indications for transfusion must be included in the Transfusion Order and are verified when the blood is issued. When the indications for the transfusion are not noted or do not meet UTMC guidelines, it is referred to the Blood Transfusion Service Medical Director for further evaluation or peer review.
- (2) The following information is reviewed and evaluated by the BTS Medical Director and the Blood Utilization Review Committee to detect inappropriate usage or preventable wastage. This information is reported to hospital administration through the Hospital Quality and Patient Safety Committee.
 - (a) Use and wastage of blood and blood components is tallied from the Monthly reports compiled by the BTS supervisor.
 - (b) Crossmatch to Transfusion ratios is determined for each service.
 - (c) Uncrossmatched and Massive Transfusion blood usage and turnaround time is monitored.

- (3) BTS technologists must notify the BTS Medical Director to consult with attending physicians for clarification of orders when unusual or unreasonable orders (not meeting UTMC guidelines) are received:
- (a) Orders for special treatments of blood and blood components, i.e. irradiation for patients not listed in UTMC guidelines for special orders.
 - (b) Orders for platelet products when indications for transfusion are not listed in UTMC guidelines.
 - (c) Initial orders for HLA-matched or Crossmatched Platelets.
 - (d) Orders for exchange transfusions (Sickle Cell).
 - (e) Orders for IBM-washed Red Blood Cells

(D) References

- (1) AABB Standards for Blood Banks and Transfusion Services, current edition.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Lauren Stanoszek, M.D. Assistant Professor Director, Blood Transfusion Service</p> <p>3/1/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Russell Smith Pharm D, MBA, BCPS, CPEL, FACHE Senior Hospital Administrator</p> <p>3/7/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i> Danielle Weinau MLS(ASCP)^{CM}</p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • <i>None</i> <p>Initial effective date: 06/1996</p> <p>All Review/Revision Dates:</p> <p>6/96 1/98 2/99 8/00 1/05 12/07 6/9/2008 3/25/2011 3/01/2013 3/2/2015 3/1/2017 3/1/2019 3/1/2021 3/20/2023 03/07/2025</p> <p>Next review date: 03/07/2027</p>
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