


<u>Name of Policy: Blood Bank in the Emergency Department</u> <u>Policy Number: 3364-108-206</u> <u>Approving Officer: Senior Hospital Administrator Director, Blood Transfusion Service</u> <u>Responsible Agent: Blood Transfusion Service Supervisor Administrative Director, Lab</u> <u>Scope: University of Toledo Medical Center Pathology/Laboratory – Blood Bank</u>		 <u>Effective date: 03/01/2025</u> <u>Original effective date: 10/1986</u>	
<u>Key words: Blood Bank, Emergency Blood, Trauma Blood, Fridge, Emergency Department</u>			
<input type="checkbox"/>	<u>New policy proposal</u>	<input checked="" type="checkbox"/>	<u>Minor/technical revision of existing policy</u>
<input type="checkbox"/>	<u>Major revision of existing policy</u>	<input type="checkbox"/>	<u>Reaffirmation of existing policy</u>

(A) ~~(A)~~ — Policy Statement

The Blood Transfusion Service maintains a refrigerator containing group O, Rh negative red blood cells in the Emergency Department.

(B) ~~(B)~~ — Purpose of Policy

To provide uncrossmatched red blood cells to meet emergency needs in the Emergency Department.

(C) ~~(C)~~ — Procedure

(1) Section 1: Maintenance of the Refrigerator

- (a) ~~1.~~ The refrigerator located in the Emergency Department Trauma Resuscitation Room is the property and responsibility of the Emergency Department. The Blood Transfusion Service monitors and records temperatures ~~daily, and~~ daily and informs ED personnel of the need for maintenance or repair. The refrigerator temperature is monitored through chart recorder and facility control. An access alarm sounds in the Blood Bank when the door is opened.
- (b) ~~2.~~ Two (2) ~~Four~~ units (four (4) units, if inventory permits) of group O, Rh negative red blood cells are kept in the refrigerator, on the "Blood Bank" shelf, at all times. The red cell units bear the "UNCROSSMATCHED BLOOD" label and a temperature-indicator is attached to the back of the unit upon release. Expiration and condition of the units are checked daily by BTS technologists.

(2) Section 2: Procedure for the Release and Transfusion of Uncrossmatched Blood

- ~~1.~~(a) Transfusion of uncrossmatched blood must be ordered by an attending physician in the Emergency Department. The attending physician may delegate this authority to house staff.
- ~~2.~~(b) The nursing staff in ED must notify the Blood Transfusion Service immediately when uncrossmatched blood is transfused. The physician must sign the release form for "Urgent Release of Uncrossmatched Blood". This form is sent by fax (383-6676) to the BTS immediately for completion. Only authorized staff may access the units stored in the refrigerator. The senior nurse is responsible for the release of the blood to the physician in the Emergency Department and sending the signed form to the BTS.
- ~~3.~~(c) Units must not be removed from the refrigerator until transfusion is ordered. Blood transported with an unstable patient must be stored in a Blood Bank cooler with sufficient ice. If the temperature indicator shows unsatisfactory temperature ranges, the units must not be transfused.
- ~~4.~~(d) An appropriately labeled Blood Bank specimen of 6-ml blood in pink-top vacutainer tubes should be obtained before transfusion is given. The specimen must be sent to the Blood Transfusion Service immediately so that compatibility testing can be initiated.
- ~~5.~~(e) When the uncrossmatched Trauma Room blood is transfused and massive transfusion protocol (MTP) is NOT initiated, two (2) units Type AB FFP will be thawed immediately and available within 30 minutes.
- ~~6.~~(f) BTS staff will crossmatch the units to the recipient as soon as possible. The attending physician will be notified immediately when a positive antibody screen or incompatible crossmatch is detected.
- ~~7.~~(g) The patient must be observed for adverse transfusion reaction as detailed in the UPMC Nursing Guidelines for Blood Transfusion.
- ~~8.~~(h) The BTS will restock the units in the refrigerator as soon as possible.
- ~~(i)~~ The use of uncrossmatched blood is investigated by an established protocol and is reviewed by the Lab Utilization Review Committee.

(D) References

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

<u>Approved by:</u> <u>Lauren Stanoszek, M.D.</u> <u>Assistant Professor</u> <u>Director, Blood Transfusion Service</u> <u>Date</u> <u>Russell Smith Pharm D, MBA, BCPS,</u> <u>CPEL, FACHE</u> <u>Senior Hospital Administrator</u> <u>Date</u> <u>Review/Revision Completed by:</u> <u>Danielle Weilnau MLS(ASCP)^{CM}</u>	<u>Policies Superseded by This Policy:</u> • <u>None</u> <u>Initial effective date:</u> <u>All Review/Revision Dates:</u> <u>6/96</u> <u>11/96</u> <u>6/97</u> <u>2/99</u> <u>7/00</u> <u>9/03</u> <u>1/05</u> <u>2/2007</u> <u>1/2008</u> <u>6/9/2008</u> <u>12/15/2009</u> <u>03/22/2011</u> <u>03/01/2013</u> <u>3/2/2015</u> <u>3/1/2017</u> <u>3/1/2019</u> <u>3/1/2021</u> <u>3/20/2023</u> <u>03/01/2025</u> <u>Next review date: 03/01/2027</u>
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<u>Approved by:</u> <u>Lauren Stanoszek, M.D.</u> <u>Assistant Professor</u> <u>Director, Blood Transfusion Service</u> <u>Date</u>	<u>Review/Revision Date:</u> <u>6/96</u> <u>03/22/2011</u> <u>11/96</u> <u>03/01/2013</u> <u>6/97</u> <u>3/2/2015</u> <u>2/99</u> <u>3/1/2017</u> <u>7/00</u> <u>3/1/2019</u> <u>9/03</u> <u>3/1/2021</u> <u>1/05</u> <u>3/20/2023</u>
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<div>Policies Superseded by This Policy:</div>		

- Reference:

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