


<u>Name of Policy: Requisition and Selection of Blood and Blood Components</u>  <u>Policy Number: 3364-108-302</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: Pathology/Laboratory – Blood Bank</u>		  <u>Effective date: 03/01/2025</u>  <u>Original effective date: 10/1986</u>	
<u>Key words: Selection of Blood, Requisition of Blood, Blood, Components, Prepare, Order</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 has organized a system for the requisition and selection of blood and blood components.

(B) ~~(B)~~ Purpose of Policy

To provide safe and appropriate blood and blood components with a minimum turnaround time.

(C) ~~(C)~~ Procedure

(1) ~~Section 1:~~ Request for Blood Transfusion

- (a) All orders for Crossmatch, Type and ~~&~~ Screen or blood component transfusion must be entered into the HIS or written on a "Request for Blood Transfusion" ~~form or entered into HIS/LIS. Orders form. Orders~~ for Blood Transfusion Service tests must be entered into the hospital computer system by clinical staff to ensure specimen collection.
- (b) Patient first and last names and patient medical record number (MRN) ~~identification number~~ must be included on the "Request for Blood Transfusion" or ~~specimen collection~~ HIS order. list The patient's hospital armband should be scanned in the HIS when collecting the specimen to ensure positive patient identification when the specimen is collected.
- (c) The request to prepare blood products must ~~also~~ state the type and amount of component needed, the date of request/ date of need, and identify the requesting physician.
- (d) BTS staff may take telephoned or verbal orders for blood products and document the request including the patient name, MRN ~~ID~~, ordering physician, blood order, and person making the request on the Telephone Request Log in the Blood Bank and enter the orders into BBIS.

~~(2) Section 2: Turn-around-time~~

- ~~(a) All STAT orders for blood products and testing should be completed within 40 minutes of specimen receipt. -Routine orders for crossmatch should be completed within four hours. -BTS staff N~~otify the nursing unit when blood products requested STAT are available. ~~Record the time and the person contacted in the LIS report.~~ If there is an unusual delay in the availability of a blood product, BTS staff notify the ~~Blood Transfusion Service~~ BTS Medical Director and the nursing unit.

~~(3) Section 3: Use of Blood and Blood Components~~

- ~~(a) •—Red Blood Cell Products~~
- ~~(i) — AS-1 or AS-3 Red Blood Cells (Adenine-Saline added), Leukocyte-reduced (pre-storage) or CPD Red Blood Cells are routinely used for all RBC orders.~~
- ~~(ii) IBM washed RBC are available only by special order with advanced notice.~~
- NOTE:** Orders for washed cells must be verified and approved by the BTS Medical Director.
- ~~(iii) Packed red blood cell recipients shall receive ABO group-compatible Red Blood Cells.~~
- ~~(iv) Rh--negative recipients should receive Rh--negative Red Blood Cells unless inventory levels dictate the use of Rh-positiveRh-positive Red Blood Cells for male recipients and women over child-bearing age (50).~~
- ~~(v) Rh--positive recipients may receive Rh--positive or Rh-negativeRh-negative Red Blood Cells.~~
- ~~(b) •—Plasma Products -~~
- ~~(i) includes Fresh Frozen Plasma, Plasma Frozen with 24 hours of collection, and Plasma Cryoprecipitate Reduced are routinely used for FFP orders.~~
- ~~(ii) Plasma recipients shall receive ABO group-compatible plasma.~~
- ~~(iii) - Select ABO type specific or ABO type compatible plasma. See table below.—A blood type (ABO/RHBLT) must be performed for administration of ABO type-specific plasma.~~
- ~~(iv) If no specimen is available for a blood type, use type AB plasma.~~
- ~~(v) Use type AB plasma for patients less than six months old.~~
- ~~(vi) Rh type need not be considered when transfusing plasma.~~
- ~~(vii) Thaw immediately prior to transfusion using an overwrap in a 30-37°C circulating water bath with frequent agitation.~~
- ~~(viii) Use thawed plasma within five days.~~
- ~~(ix) When plasma is thawed a new label is generated with an updated product code and expiration date.~~
- ~~(c) •—Cryoprecipitated AHF -~~
- ~~(i) Cryoprecipitated AHF is pooled using a closed system by American Red Cross and frozen prior to shipment. All Cryoprecipitate used at UTMCC are pools of 5 single Cryoprecipitate units.~~

- (ii) Due to the minimal amount of plasma contained in a unit of Cryoprecipitated AHF, it is selected without regard to ABO or Rh type.
  - (iii) Thaw cryoprecipitate immediately prior to transfusion in a 30-37°C circulating water bath, using an overwrap.
  - (iv) ~~Unit may be selected without regard to ABO or Rh type. Cryoprecipitate must be used within six hours of thawing, or within four hours if pooled in an open system. Cryoprecipitate pooled using a sterile connecting device prior to freezing must be used within six hours of thawing.~~
  - (v) When cryoprecipitate is thawed a new label is generated with an updated product code and expiration date.
- (d) ~~• Single Donor Platelets—~~
  - (i) ~~Leuko-reduced Single Donor Platelets by Pheresis are available through ARC. UTMC also has a standing order for five Pathogen Reduced Single Donor Platelets per week. Leuko-reduced Low Volume Delayed Sampling (LVDS) Single Donor Platelets by Pheresis and Leuko-reduced Single Donor Platelets, Psoralen Treated by Pheresis are routinely used for platelet orders.~~
  - (ii) Consult the BTS Medical Director of O.D. when orders for platelets are received on patients that do not meet transfusion indication criteria.
  - (iii) Donor plasma in platelets should be ABO-compatible with adult recipients whenever possible. See table below.
  - (iv) Use only Rh-negative platelets for Rh negative female recipients of child-bearing age or younger.
    - (a) If there are no Rh-negative platelets available, the BTS Medical Director may authorize transfusion of Rh-positive platelets for Rh-negative female recipients ≤50 years old. In these cases, Rh Immune Globulin prophylaxis should be initiated. Consult BTS Medical Director for dosing.
    - (b) ~~Consult the BTS Medical Director or O.D. when orders for platelets are received on patients that do not meet transfusion indication criteria. Donor plasma in platelets should be ABO-compatible with adult recipients whenever possible. See table below. Use only Rh negative platelets for Rh negative female recipients of child-bearing age or younger. Notify the BTS Medical Director if Rh positive platelets are given to an Rh negative female recipient of child-bearing age or younger, to ensure initiation of Rh Immune Globulin prophylaxis.~~ Platelets, Pheresis are prepared by a method known to results in a component containing less than 2 mL RBC. When a product containing over 2 mL RBC is received, it should be rejected. If transfusion of the product is imperative, the unit must be crossmatched and compatible using cells from a donor sample.
  - (v) Use Type AB platelets for patients less than six months old.
  - (vi) Patients refractory to platelet transfusion must have a ten minute to one-hour post-transfusion platelet count to assess the response to transfusion.

ABO Type -(Recipient)	Type-compatible RBC (-Donor)	Type-compatible Plasma (Donor)
O	O	O,A,B,AB
A	A,O	A,AB
B	B,O	B,AB

AB	AB,A,B,O	AB
Unknown	O (Rh negative if available and appropriate)	AB

(D) References

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

<p><u>Approved by:</u></p> <p>_____  <u>Lauren Stanoszek, M.D.</u>  <u>Assistant Professor</u>  <u>Director, Blood Transfusion Service</u></p> <p>_____  <u>Date</u></p> <p>_____  <u>Russell Smith Pharm D, MBA, BCPS, CPEL,</u>  <u>FACHE</u>  <u>Senior Hospital Administrator</u></p> <p>_____  <u>Date</u></p> <p><u>Review/Revision Completed by:</u>  <u>Danielle Weilnau MLS(ASCP)<sup>CM</sup></u></p>	<p><u>Policies Superseded by This Policy:</u>  <u>• None</u></p> <p><u>Initial effective date: 10/1986</u></p> <p><u>All Review/Revision Dates:</u>  <u>6/96</u>  <u>1/98</u>  <u>3/99</u>  <u>8/00</u>  <u>9/02</u>  <u>1/05</u>  <u>7/06</u>  <u>1/2008</u>  <u>6/9/2008</u>  <u>3/22/2011</u>  <u>3/01/2013</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></p> <p><u>Next review date: 03/01/2027</u></p>
--	---

<p><u>Approved by:</u></p> <p>_____  <u>Lauren Stanoszek, M.D.</u>  <u>Assistant Professor</u>  <u>Director, Blood Transfusion Service</u></p> <p>_____  <u>Date</u></p>	<p><u>Review/Revision Date:</u>  <u>6/96</u>      <u>6/9/2008</u>  <u>1/98</u>      <u>3/22/2011</u>  <u>3/99</u>      <u>3/01/2013</u>  <u>8/00</u>      <u>3/2/2015</u>  <u>9/02</u>      <u>3/1/2017</u>  <u>1/05</u>      <u>3/1/2019</u>  <u>7/06</u>      <u>3/1/2021</u></p>
--	---

		1/2008	3/20/2023
<del>Christine Stesney Ridenour</del> <del>Chief Operating Officer – UPMC</del>	<del>Date</del>		
<del>Review/Revision Completed By:</del> <del>—Danielle Weilnau, MLS(ASCP)<sup>CM</sup></del>			
		<del>Next Review Date: 3/1/2025</del>	
<del>Policies Superseded by This Policy:</del>			

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