

Name of Policy: Critical Test Limits in the Blood Transfusion Service

Policy Number: 3364-108-307

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: 03/01/2025

Original effective date: 07/1995

Key words: Critical, Limits, Call, Delay, Notify

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New policy proposal

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Minor/technical revision of existing policy

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Major revision of existing policy

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Reaffirmation of existing policy

(A) ~~(A)~~ — Policy Statement

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

(B) ~~(B)~~ — Purpose of Policy

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

(C) ~~(C)~~ — Procedure

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

- (a) 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.
- (b) Positive Gram stain results on donor blood in investigation of adverse reaction to Blood Transfusion.
- (c) 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.
- (d) Excessive delay (over two hours) in blood availability due to presence of blood group antibodies or low blood inventory levels.

- (e) MTP on recipient with compatibility problems or when notified of ARC blood supply limitations.
- (f) ARC Recall or other notification of positive testing results on a blood product issued for imminent transfusion. See 3364-108-207.

(D) References

- (1) College of American Pathologists, Laboratory Accreditation Program, Inspection Checklist, 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 Weinau MLS(ASCP)^{CM}</u>	<u>Policies Superseded by This Policy:</u> <ul style="list-style-type: none">• <u>None</u> <u>Initial effective date: 07/1995</u> <u>All Review/Revision Dates:</u> <u>6/96</u> <u>2/99</u> <u>3/02</u> <u>1/05</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> <u>Next review date: 03/01/2027</u>
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Lauren Stanoszek, M.D.		
Assistant Professor		
Director, Blood Transfusion Service		
Christine Stesney-Ridenour		
Chief Operating Officer—UTMC		
Review/Revision Completed By:		
—Danielle Weilnau, MLS(ASCP)^{CM}		
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Policies Superseded by This Policy:		

~~Reference: College of American Pathologists, Laboratory Accreditation Program, Inspection Checklist,~~

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