Name of Policy: Issue and Return of Blood and Blood Components Policy Number: 3364-108-401 Approving Officer: Senior Hospital Administrator Director, Blood Transfusion Service Responsible Agent: Blood Transfusion Service Supervisor Administrative Director, Lab Scope: Pathology/Laboratory – Blood Bank	UTOLEDO HEALTH Effective date: ~~03/01/2025~~ Original effective date: 06/1996
Key words: Issue, Return, Blood Products, Components, Blood	

☐	New policy proposal	☒	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) ~~(A)~~ Policy Statement

The Blood Transfusion Service (BTS) maintains a system of clerical checks to be used during the issue and return of blood and blood components.

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

To prevent clerical errors in transfusion practice and to maintain the quality of blood products returned unused to the Blood Transfusion Service.

(C) ~~(C)~~ Procedure

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

(a) RBC are released to the clinical areas one unit at a time due to lack of acceptable storage on the floor. Two units for the same patient may be released under special circumstances where they are to be transfused simultaneously. Simultaneous release of more than two units shall occur only under circumstances approved by the BTS Medical Director or the O.D.

(b) A Blood Release form with BB ID number and patient's name and Medical Record Number (-MRN)~~/or ID~~ must be presented before blood is issued.~~-~~ One technologist must be responsible for comparing and verifying the following information during the sign-out procedure:

~~•~~(i) Patient blood type on the Transfusion Record form and the Unit Issue screen of BBIS.

~~•~~(ii) Donor blood type on units, Transfusion Record and Unit Issue screen of BBIS.

~~•~~(iii) Donor unit number on unit, Transfusion Record form, Unit Issue screen of BBIS and Blood Release form.

~~•~~(iv) Compatibility testing results on Transfusion Record form.

- (v) Patient name and MRN~~hospital ID number~~ on Blood Release form, Transfusion Record form, and Unit Issue screen of BBIS.
- (vi) BB ID number on Blood Release form, Transfusion Record form, and unit tag.
- (vii) Expiration date/time on unit and Transfusion Record form.
- (viii) Doctor's Orders for Blood/Blood Product has been received by the BTS and checked for unit quantity and product. ~~-~~BTS Technologist must ensure an order for transfusion exists prior to releasing blood/blood product.
- (ix) Special Requirements indicated by "Patient Instructions", such as irradiation, antigen-negative are met.

(c) During the sign-out procedure the Blood Release form is completed with the unit number, time, ~~date~~date, and the transporter's signature. The BTS technologist and the transporter must confirm agreement between the donor unit number and blood type on the unit with the same information on the compatibility label /Transfusion Record form and the patient identifiers (name, MRN~~ID number~~, BB ID number) on the Blood release form with the patient identifiers on the Transfusion Record. Initial the Blood Release form documenting verification of the information. Resolve all discrepancies or BBIS warning messages prior to blood release.

(d) Inspect the donor unit for obvious hemolysis or signs of contamination. Initial the Blood Release form stating visual inspection of the unit was satisfactory. Complete the unit issue procedure in BBIS. If the unit is abnormal in color, appears clotted, or seals are not intact, quarantine the unit for further investigation and document the variance with a Lab Occurrence Report.

(e) Release of all units ordered for surgery is permitted if requested, except for autologous and directed donor units, which should always be released prior to crossmatch and issue of allogeneic units.~~-~~ Follow the sign-out procedure outlined above using the O.R. Blood Delivery and Storage Record form. ~~-~~The BTS technologist signing the OR Blood Delivery and Storage Record is solely responsible for performing the information comparison and verification of all units issued to OR. ~~-~~Attach a temperature indicator to each red cell unit and release in a cooler on ice whenever more than two units are issued simultaneously.

(2) ~~Section 2: -~~Blood Returns

(a) Red cell products returned from OR may be re-issued only if the temperature of the unit has not exceeded 10°C as evidenced by the irreversible portion of the attached temperature indicator.~~-~~ If storage conditions are undocumented, or unacceptable storage is suspected, fold donor unit around a certified Blood Bank thermometer to check the unit temperature. ~~-~~The 10°C temperature limit is usually exceeded if the unit is at room temperature for more than 30 minutes. Units are also unacceptable for re-issue if they have been entered or stored in

unmonitored nursing unit refrigerators.~~-~~ When units do not meet criteria for re-issue, the unit must be discarded.

(b) ~~–~~All unused blood in the OR should be returned to the Blood Transfusion Service as soon as possible when surgery is completed. Unless Massive Transfusion Protocol is activated or blood is actively transfusing, t~~T~~he unused blood should not be taken to the clinical areas from OR~~M~~. Blood should be returned to the Blood Transfusion Service for visual inspection, storage temperature check and verification of identifying information prior to re-issue. Check for intact outlet ports, normal color, ~~appearance~~appearance, and appropriate temperature. ~~-~~Complete the OR Blood Delivery and Storage Record form with the time of return and the technologist's signature. Document return of the units to the Blood Bank in the BBIS, as eligible for release if the condition of units is satisfactory.~~-~~ If the condition of the units is unsatisfactory, enter appropriate condition (U) to assign the unit to quarantine status.

(D) References

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

Approved by: _____ Lauren Stanoszek, M.D. Assistant Professor Director, Blood Transfusion Service _____ Date _____ Russell Smith Pharm D, MBA, BCPS, CPEL, FACHE Senior Hospital Administrator _____ Date *Review/Revision Completed by:* Danielle Weilnau MLS(ASCP)^{CM}	Policies Superseded by This Policy: • *None* Initial effective date: 06/1996 All Review/Revision Dates: 6/96 1/98 3/99 8/00 3/02 1/05 1/2008 6/9/2008 3/22/2011 3/01/2013 3/2/2015 3/1/2017 3/1/2019 3/1/2021 3/20/2023 ~~03/01/2025~~ Next review date: ~~03/01/2027~~

Approved by: Lauren Stanoszek, M.D. Date Assistant Professor Director, Blood Transfusion Service Christine Stesney-Ridenour Date Chief Operating Officer - UTMC Review/Revision Completed By: Danielle Weilnau, MLS(ASCP)CM	**Review/Revision Date:** 6/96 3/1/2019 1/98 3/1/2021 3/99 3/20/2023 8/00 3/02 1/05 1/2008 6/9/2008 3/22/2011 3/01/2013 3/2/2015 3/1/2017 **Next Review Date:** 3/1/2025
Policies Superseded by This Policy:	

Reference:
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