


<u>Name of Policy: Urgent Request for Uncrossmatched Blood</u> <u>Policy Number: 3364-108-404</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: 06/1996</u>	
<u>Key words: Uncrossmatched, Blood, O Neg, O Pos, Emergency Department, Trauma</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 providing blood prior to completion of compatibility testing for urgent requests for blood.

(B) ~~(B)~~ — Purpose of Policy

To provide safe and appropriate blood with a minimum turnaround time for urgent requests for blood.

(C) ~~(C)~~ — Procedure

(1) **REQUESTS FOR UNCROSSMATCHED BLOOD TAKE PRIORITY OVER ALL OTHER BLOOD TRANSFUSION SERVICE OPERATIONS.**

- 1-(a) A properly labeled and identified Blood Bank specimen should be collected before transfusion.
- 2-(b) Complete the "Urgent Release of Uncrossmatched Blood" form with unit numbers, patient name and ID number, time, date and patient location.
- 3-(c) If the ABO and Rh type, forward and reverse, is not yet completed on a current specimen according to procedure, only type O ~~negative~~ red blood cells will be released for transfusion. Four (4)-Two type O negative and four (4) type O positive red blood cells are maintained for immediate release from the Blood Bank, an additional two (2) (four (4) if inventory permits) type O negative red blood cells are maintained for immediate release in the ED Trauma Refrigerator. WHEN THE ABO AND RH TYPE IS COMPLETED, TYPE-SPECIFIC RED BLOOD CELLS MAY BE ISSUED, ONLY IF REQUEST FOR RELEASE IS ACCOMPANIED BY THE CORRECT BB ID FROM THE PATIENT ARMBAND.

- 4.(d) Uncrossmatched blood must bear the "UNCROSSMATCHED BLOOD" label. Place the label on the ~~back side of~~ the donor unit. Blood is considered "uncrossmatched" until the antibody screen is resulted, even though the immediate-spin crossmatch may be completed.
- 5.(e) If a pretransfusion specimen has been received, or testing is in progress, complete the EMERGENCY RELEASE procedure in computer system.
- 6.(f) Determine if proper storage conditions will be maintained in the event the blood is not transfused immediately. When two or more units are released at a time, attach temperature indicators to the units ~~and issue~~ and issue the blood in a cooler with ice or cold packs.
- 7.(g) The requesting physician must sign the form and return the form to the Blood Transfusion Service as soon as possible. See Attachment A for example form.
- 8.(h) BTS staff will crossmatch the units as soon as possible. The attending physician will be notified immediately when a positive antibody screen or incompatible crossmatch is detected.
- 9.(i) A copy of the Urgent Release of Uncrossmatched Blood form is charted following completion of testing and review by the Blood Transfusion Service Medical Director.
- (j) Use of uncrossmatched blood is monitored and reviewed by the ~~Lab~~/Blood Utilization Review Committee.

(D) References

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

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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>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 Weilmann 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> <table><tr><td><u>6/96</u></td><td><u>3/01/2013</u></td></tr><tr><td><u>1/98</u></td><td><u>3/2/2015</u></td></tr><tr><td><u>2/99</u></td><td><u>3/1/2017</u></td></tr><tr><td><u>3/02</u></td><td><u>3/1/2019</u></td></tr><tr><td><u>1/05</u></td><td><u>9/26/2019</u></td></tr><tr><td><u>1/2008</u></td><td><u>3/1/2021</u></td></tr><tr><td><u>6/9/2008</u></td><td><u>3/20/2023</u></td></tr><tr><td><u>3/25/2011</u></td><td><u>03/01/2025</u></td></tr></table> <u>Next review date: 03/01/2027</u>	<u>6/96</u>	<u>3/01/2013</u>	<u>1/98</u>	<u>3/2/2015</u>	<u>2/99</u>	<u>3/1/2017</u>	<u>3/02</u>	<u>3/1/2019</u>	<u>1/05</u>	<u>9/26/2019</u>	<u>1/2008</u>	<u>3/1/2021</u>	<u>6/9/2008</u>	<u>3/20/2023</u>	<u>3/25/2011</u>	<u>03/01/2025</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>Christine Stesney-Ridenour</u> <u>Chief Operating Officer—UTMC</u>	<u>Date</u> <u>Date</u>	<u>Review/Revision Date:</u> <table><tr><td><u>6/96</u></td><td><u>3/1/2021</u></td></tr><tr><td><u>1/98</u></td><td><u>3/20/2023</u></td></tr><tr><td><u>2/99</u></td><td></td></tr><tr><td><u>3/02</u></td><td></td></tr><tr><td><u>1/05</u></td><td></td></tr><tr><td><u>1/2008</u></td><td></td></tr><tr><td><u>6/9/2008</u></td><td></td></tr><tr><td><u>3/25/2011</u></td><td></td></tr><tr><td><u>3/01/2013</u></td><td></td></tr><tr><td><u>3/2/2015</u></td><td></td></tr><tr><td><u>3/1/2017</u></td><td></td></tr><tr><td><u>3/1/2019</u></td><td></td></tr></table>	<u>6/96</u>	<u>3/1/2021</u>	<u>1/98</u>	<u>3/20/2023</u>	<u>2/99</u>		<u>3/02</u>		<u>1/05</u>		<u>1/2008</u>		<u>6/9/2008</u>		<u>3/25/2011</u>		<u>3/01/2013</u>		<u>3/2/2015</u>		<u>3/1/2017</u>		<u>3/1/2019</u>	
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Review/Revision Completed By:	9/26/2019
—Danielle Weinau, MLS(ASCP)^{CM}	
	Next Review Date: 3/1/2025
Policies Superseded by This Policy:	

University of Toledo Medical Center
Toledo, Ohio
Department of Pathology
Blood Transfusion Service

PLACE PATIENT

LABEL HERE
Addressograph/Label

Urgent Release of Uncrossmatched Blood

****COMPLETE SHADED AREAS. FAX TO 6676 AND CALL 5212
FOR RELEASE OF UNCROSSMATCHED BLOOD PRODUCTS.***

Diagnosis:

Location:

Date/Time:

Requesting Physician:

Due to the critical condition of this patient, I hereby request the immediate release of blood for transfusion prior to the completion of crossmatch. I assume full responsibility for the transfusion of this blood.

ATTENDING SIGNATURE

Signature of Requesting Physician

For Blood Bank Use only:

Unit Number	Blood Type	Crossmatch compatible? (Yes/No)	Disposition of Unit

Uncrossmatched blood released by _____ Date/Time _____

Crossmatch completed by _____ Date/Time _____

Blood Transfusion Service Physician

University of Toledo Medical Center
Toledo, Ohio
Department of Pathology
Blood Transfusion Service

PLACE PATIENT

LABEL HERE
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Blood Transfusion Service Physician