


Name of Policy: Urgent Request for Uncrossmatched Blood Policy Number: 3364-108-404 Approving Officer: Chief Executive Officer, Chief Operations Officer, 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: Original effective date: 06/1996	
Key words: Uncrossmatched, Blood, O Neg, O Pos, Emergency Department, Trauma			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(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) Purpose of Policy

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

(C) Procedure

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

- (a) A properly labeled and identified Blood Bank specimen should be collected before transfusion.
- (b) Complete the "Urgent Release of Uncrossmatched Blood" form with unit numbers, patient name and ID number, time, date, and patient location.
- (c) If the ABO and Rh type, forward and reverse, is not yet completed on a current specimen according to procedure, only type O red blood cells will be released for transfusion. Four (4) 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.

- (d) Uncrossmatched blood must bear the "UNCROSSMATCHED BLOOD" label. Place the label on the donor unit. Blood is considered "uncrossmatched" until the antibody screen is resulted, even though the immediate-spin crossmatch may be completed.
- (e) If a pretransfusion specimen has been received, or testing is in progress, complete the EMERGENCY RELEASE procedure in computer system.
- (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 the blood in a cooler with ice or cold packs.
- (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.
- (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.
- (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 Blood Utilization Review Committee.

(D) References

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

<p>Approved by:</p> <p>_____ Lauren Stanoszek, M.D. Assistant Professor Director, Blood Transfusion Service</p> <p>_____ Date</p> <p>_____ Russell Smith Pharm D, MBA, BCPS, CPEL, FACHE Senior Hospital Administrator</p> <p>_____ Date</p> <p>_____ Daniel Barbee Chief Executive Officer</p> <p>_____ Date</p> <p><i>Review/Revision Completed by:</i> Danielle Weilnu ML(ASCP)^{CM}</p>	<p>Policies Superseded by This Policy: • <i>None</i></p> <p>Initial effective date:</p> <p>All Review/Revision Dates:</p> <table><tr><td>6/96</td><td>3/01/2013</td></tr><tr><td>1/98</td><td>3/2/2015</td></tr><tr><td>2/99</td><td>3/1/2017</td></tr><tr><td>3/02</td><td>3/1/2019</td></tr><tr><td>1/05</td><td>9/26/2019</td></tr><tr><td>1/2008</td><td>3/1/2021</td></tr><tr><td>6/9/2008</td><td>3/20/2023</td></tr><tr><td>3/25/2011</td><td>03/01/2025</td></tr><tr><td></td><td>4/2025</td></tr></table> <p>Next review date:</p>	6/96	3/01/2013	1/98	3/2/2015	2/99	3/1/2017	3/02	3/1/2019	1/05	9/26/2019	1/2008	3/1/2021	6/9/2008	3/20/2023	3/25/2011	03/01/2025		4/2025
6/96	3/01/2013																		
1/98	3/2/2015																		
2/99	3/1/2017																		
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1/05	9/26/2019																		
1/2008	3/1/2021																		
6/9/2008	3/20/2023																		
3/25/2011	03/01/2025																		
	4/2025																		

Attachment A



PLACE PATIENT LABEL HERE

Urgent Release of Uncrossmatched Blood

COMPLETE THE TOP PORTION AND RETURN TO BLOOD BANK VIA TUBE OR FAX TO x6676

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.

X

SIGNATURE OF REQUESTING PHYSICIAN

For Blood Bank Use only:

Unit Number	Product Type (LTOWB or RBC)	Product E Code	Blood Type	Crossmatch compatible? (Yes or No)	Disposition of Unit (transfused or returned)

Uncrossmatched Blood Released By: _____ Date/Time: _____

Crossmatch Completed By: _____ Date/Time: _____

Reviewed By: _____ Date: _____
Blood Transfusion Service Pathologist

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Attachment A

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