Name of Policy:	**Blood Bank in the Emergency Department**	THE UNIVERSITY OF TOLEDO MEDICAL CENTER
Policy Number:	3364-108-206	
Department:	Pathology/Laboratory – Blood Bank	
Approving Officer:	Chief Operating Officer - UTMC Director, Blood Transfusion Service	
Responsible Agent:	Blood Transfusion Service Supervisor Administrative Director, Lab	
Scope:	Pathology/Laboratory – Blood Bank	**Effective Date: 03/20/2023** Initial Effective Date: 10/1986

_____	New policy proposal	X	Minor/technical revision of existing policy
_____	Major revision of existing policy	_____	Reaffirmation of existing policy

(A) Policy Statement

The Blood Transfusion Service maintains a refrigerator containing group O, Rh negative red blood cells in the Emergency Department.

(B) Purpose of Policy

To provide uncrossmatched red blood cells to meet emergency needs in the Emergency Department.

(C) Procedure

Section 1: Maintenance of the Refrigerator

1. The refrigerator located in the Emergency Department Trauma Resuscitation Room is the property and responsibility of the Emergency Department. The Blood Transfusion Service monitors and records temperatures daily, and informs ED personnel of the need for maintenance or repair. The refrigerator temperature is monitored through chart recorder and facility control. An access alarm sounds in the Blood Bank when the door is opened.
2. Four units of group O, Rh negative red blood cells are kept in the refrigerator on the “Blood Bank” shelf at all times. The red cell units bear the "UNCROSSMATCHED BLOOD" label and a temperature-indicator is attached to the back of the unit upon release. Expiration and condition of the units are checked daily by BTS technologists.

Section 2: Procedure for the Release and Transfusion of Uncrossmatched Blood

1. Transfusion of uncrossmatched blood must be ordered by an attending physician in the Emergency Department. The attending physician may delegate this authority to house staff.
2. The nursing staff in ED must notify the Blood Transfusion Service immediately when uncrossmatched blood is transfused. The physician must sign the release form for "Urgent Release of Uncrossmatched Blood". This form is sent by fax (383-6676) to the BTS immediately for completion. Only authorized staff may access the units stored in the refrigerator. The senior nurse is responsible for the release of the blood to the physician in the Emergency Department and sending the signed form to the BTS.
3. **Units must not be removed from the refrigerator until transfusion is ordered**. Blood transported with an unstable patient must be stored in a Blood Bank cooler with sufficient ice. If the temperature indicator shows unsatisfactory temperature ranges, the units must not be transfused.
4. An appropriately labeled Blood Bank specimen of 6-ml blood in pink-top vacutainer tubes should be obtained before transfusion is given. The specimen must be sent to the Blood Transfusion Service immediately so that compatibility testing can be initiated.
5. When the uncrossmatched Trauma Room blood is transfused and massive transfusion protocol (MTP) is NOT initiated, two (2) units Type AB FFP will be thawed immediately and available within 30 minutes.

6. BTS staff will crossmatch the units to the recipient as soon as possible. The attending physician will be notified immediately when a positive antibody screen or incompatible crossmatch is detected.
7. The patient must be observed for adverse transfusion reaction as detailed in the UTMC Nursing Guidelines for Blood Transfusion.
8. The BTS will restock the units in the refrigerator as soon as possible.
9. The use of uncrossmatched blood is investigated by an established protocol and is reviewed by the Lab Utilization Review Committee.

Approved by:		**Review/Revision Date:**
/s/	03/21/2023	6/96 03/22/2011
Lauren Stanoszek, M.D. Assistant Professor Director, Blood Transfusion Service	Date	11/96 03/01/2013 6/97 3/2/2015 2/99 3/1/2017 7/00 3/1/2019 9/03 3/1/2021 1/05 3/20/2023 2/2007 1/2008 6/9/2008 12/15/2009
/s/	03/21/2023	
Christine Stesney-Ridenour Chief Operating Officer - UTMC	Date	
Review/Revision Completed By: Danielle Weilnau, MLS(ASCP)		**Next Review Date:** 03/01/2025
Policies Superseded by This Policy:		

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