

blood type (BLT) must be performed for administration of ABO type-specific plasma. If no specimen is available for a blood type, use type AB plasma. Use type AB plasma for patients less than six months old. Rh type need not be considered when transfusing plasma. Thaw immediately prior to transfusion using an overwrap in a 30-37°C circulating water bath with frequent agitation. Use thawed plasma within five days. When plasma is thawed a new label is generated with an updated product code and expiration date.

- *Cryoprecipitated AHF* - Thaw cryoprecipitate immediately prior to transfusion in a 30-37°C circulating water bath, using an overwrap. Unit may be selected without regard to ABO or Rh type. Cryoprecipitate must be used within six hours of thawing or within four hours if pooled in an open system. Cryoprecipitate pooled using a sterile connecting device prior to freezing must be used within six hours of thawing. When cryoprecipitate is thawed a new label is generated with an updated product code and expiration date.
- *Single Donor Platelets* - Leuko-reduced Single-Donor Platelets by Pheresis are available through ARC. UTMIC also has a standing order for five Pathogen Reduced Single-Donor Platelets per week. Consult the BTS Medical Director or O.D. when orders for platelets are received on patients that do not meet transfusion indication criteria. Donor plasma in platelets should be ABO-compatible with adult recipients whenever possible. See table below. Use only Rh negative platelets for Rh negative female recipients of child-bearing age or younger. Notify the BTS Medical Director if Rh positive platelets are given to an Rh negative female recipient of child-bearing age or younger, to ensure initiation of Rh Immune Globulin prophylaxis. Platelets, Pheresis are prepared by a method known to result in a component containing less than 2 mL RBC. When a product containing over 2 mL RBC is received, it should be rejected. If transfusion of the product is imperative, the unit must be crossmatched and compatible using cells from a donor sample. Patients refractory to platelet transfusion must have a ten minute to one-hour post-transfusion platelet count to assess the response to transfusion. HLA-matched products may be ordered if the patient meets indication criteria and has been HLA typed. When HLA-matched LRSDP are not available, a trial of *crossmatched* platelets may be indicated. Inform the BTS Medical Director when the initial request for HLA-matched SDP or crossmatched platelets is received.

Section 4: Use of Non-type-specific Blood

Refer to table below. Type-specific donor units are preferred with the following exceptions:

- Emergency situations in which inventory levels of type-specific blood are depleted or immediately unavailable.
- Patients demonstrating incompatibility to type-specific blood following transfusion of non-type-specific blood (Type A patient transfused with several units type O blood and is now incompatible with type A units).
- Special Antigen typed units that are type-compatible but not type-specific.

Section 5: Use of Rh positive Blood for Rh negative or Rh unknown patients

Rh positive blood may be used for Rh negative patients in the following situations. Notify the BTS Medical Director so that Rh Immune Globulin prophylaxis may be ordered at the request of the patients' attending physician:

- Male recipient with negative antibody screen; Rh negative blood in short supply
- Female patient over 50 years with negative antibody screen; Rh negative blood in short supply
- Male recipient of unknown blood type when type O Rh negative blood is in short supply
- Rh negative Massive Transfusion protocol patients (male or women over 50 years of age)

DONOR-RECIPIENT COMPATIBILITY

ABO Type -(Recipient)	Type-compatible RBC (Donor)	Type-compatible Plasma (Donor)
O	O	O,A,B,AB
A	A,O	A,AB
B	B,O	B,AB
AB	AB,A,B,O	AB
Unknown	O (Rh negative if available and appropriate)	AB

<p>Approved by:</p> <p><u>/s/</u> _____ <u>03/21/2023</u> Lauren Stanoszek, M.D. Assistant Professor Director, Blood Transfusion Service Date</p> <p><u>/s/</u> _____ <u>03/21/2023</u> Christine Stesney-Ridenour Chief Operating Officer - UTMC Date</p> <p>Review/Revision Completed By: Danielle Weinau, MLS(ASCP)^{CM}</p>	<p>Review/Revision Date:</p> <p>6/96 6/9/2008 1/98 3/22/2011 3/99 3/01/2013 8/00 3/2/2015 9/02 3/1/2017 1/05 3/1/2019 7/06 3/1/2021 1/2008 3/20/2023</p>
	<p>Next Review Date: 3/1/2025</p>
<p>Policies Superseded by This Policy:</p>	

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