**Name of Policy:** Special Circumstances for Selection of Blood and Blood Components  

**Policy Number:** 3364-108-303  

**Department:** Pathology/Laboratory – Blood Bank  

**Approving Officer:** Chief Executive Officer – UTMC  
Associate Professor, Director, Clinical Pathology/Hematopathology  

**Responsible Agent:** Core Lab Manager,  
(Michelle Bartkowiak, MT(ASCP)SBB)  
Administrative Director, Lab (Cynthia O’Connell)  

**Scope:** Pathology/Laboratory – Blood Bank  

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

**Effective Date:** 03/01/2017  
Initial Effective Date: 10/1986

(A) Policy Statement

The Blood Transfusion Service has established guidelines for the transfusion of blood and blood components under special circumstances and monitors the appropriate use of special blood and blood components in conjunction with the Blood Utilization Review Committee.

(B) Purpose of Policy

To provide safe and appropriate blood and blood components with a minimum turnaround time for patients with special blood requirements.

(C) Procedure

**Section 1: Use of Leukocyte-reduced, Irradiated or CMV negative Red Cell and Platelet Products**

1. Orders for irradiated red cells or platelets are initiated by the patient’s attending physician.  
The following irradiation guidelines for Red blood cells and Platelets have been approved by Lab/Blood Utilization Review Committee. Blood Product Irradiation should be considered for the following patients for the prevention of Transfusion-Associated Graft vs. Host Disease (TA-GVHD).
   - Patients who have had hematopoietic stem cell transplant (allogeneic or autologous) or are candidates for HSCT, including those with aplastic anemia, thalassemia and certain malignancies
   - Patients with known or suspected congenital immunodeficiency syndromes involving T-cell function (e.g. severe combined immunodeficiency, Wiskott-Aldrich syndrome)
   - Fetuses receiving intrauterine transfusion and any subsequent transfusions
   - Neonates receiving exchange transfusion
   - Premature newborns
   - Hematologic malignancies (Acute leukemia, Hodgkin’s disease, Non-Hodgkin’s lymphoma, etc.)
   - Patients with solid tumors  
     - Neuroblastoma  
     - Glioblastoma
   - Patients receiving directed donations from blood relatives
   - Patients receiving HLA-matched or crossmatched platelets
   - Patients undergoing Fludarabine therapy
   - Granulocyte concentrates

Consult the Medical Director of Blood Transfusion Service or O.D. when special orders are received for patients not meeting UTMC guidelines. It is not necessary to specially treat fresh frozen plasma and cryoprecipitate as these components contain rare cellular elements.
2. Leukocyte-reduced RBC by pre-storage filtration are used universally at UTMC. Platelets, Pheresis Leukocyte reduced by pre-storage filtration are also used universally. Unlicensed non-standard products distributed by ARC as non-leukocyte reduced must be transfused with a special leukocyte-reduction filter supplied by ARC.

3. Patients requiring CMV negative blood products shall receive pre-storage Leuko-reduced Red Blood Cells or Platelets, Pheresis. When pre-storage Leuko-reduced products are not available, RBC and Platelet components must be transfused using a leukocyte reduction filter available through the American Red Cross.

4. IBM washed Red Blood Cells may be used for patients with a documented history of febrile transfusion reactions even to leukocyte-reduced RBC by filtration or patients with documented Immunoglobulin A deficiency. Notify the BTS Medical Director when washed RBC are requested for any patient.

5. After the initial Special order for transfusion, the Blood Transfusion Service is responsible for special orders on all subsequent transfusions at UTMC unless the order is discontinued, in writing, by the attending physician or by order of the BTS Medical Director. The Patient Records in the BBIS must contain the appropriate special instructions.

Section 2: Special Circumstances

1. Renal Transplant - T.P. 1 profiles are drawn on all potential renal transplant candidates. Blood Bank specimens for compatibility testing are obtained under the “Band and Hold” order. When the recipient is selected, a T.P.2 profile is ordered. This profile includes an order for “Type & Screen only”. The nursing unit must send a "Request for Blood Transfusion" form marked “Type & Screen only” for the selected recipient or order the Type & Screen in the HIS/LIS. Renal transplant candidates and recipients should receive pre-storage Leuko-reduced blood products. Leukocyte-reduction filters must be used in the event pre-storage Leuko-reduced products are not available.

2. Sickle-cell Patients – It is not required to test for Hemoglobin S in donor blood transfused to Sickle cell patients unless the volume of the individual donor unit constitutes a massive transfusion, as in children less than 20 kg. Orders for phenotype-matched donor blood must be approved by the BTS Medical Director.

Approved by:

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Associate Professor
Director, Clinical Pathology/Hematopathology

Date

Daniel Barbee, RN, BSN, MBA
Chief Executive Officer - UTMC

Date

Review/Revision Completed By:
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1/2008

Next Review Date: 3/1/2019

Policies Superseded by This Policy:

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.

Reference:


