Name of Policy: **Critical Test Limits in the Blood Transfusion Service**

Policy Number: 3364-108-307

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: 7/1995

(A) **Policy Statement**

The patient’s licensed caregiver is notified by the Officer of the Day (O.D.) or the BTS Medical Director when results indicating possible life-threatening or detrimental effects to patients are obtained.

(B) **Purpose of Policy**

To provide communication necessary to initiate prompt and appropriate patient care management.

(C) **Procedure**

When the following results are obtained in the course of patient testing, notify the O.D. or BTS Medical Director immediately. Document the time of notification and M.D. notified on the appropriate worksheet or report. The O.D. or BTS Medical Director notifies and consults with the patient’s attending physician to provide prompt and appropriate patient treatment.

- Positive results in preliminary investigation of adverse reaction to Blood Transfusion including discrepancy in ABO/Rh type, clerical verification, hemolyzed serum or positive direct antiglobulin test when pretransfusion test repeats as negative.
- Positive Gram stain results on donor blood in investigation of adverse reaction to Blood Transfusion.
- Subsequent incompatible crossmatch results or positive antibody screen results when blood is transfused prior to completion of compatibility testing due to patient condition and urgent need.
- Excessive delay (over two hours) in blood availability due to presence of blood group antibodies or low blood inventory levels.
- MTP on recipient with compatibility problems or when notified of ARC blood supply limitations
- ARC Recall or other notification of positive testing results on a blood product issued for imminent transfusion. See 3364-108-207.
Policies Superseded by This Policy:

Reference: College of American Pathologists, Laboratory Accreditation Program, Inspection Checklist,