


Name of Policy: <u>Appropriate Blood and Blood Component Use</u> Policy Number: 3364-108-403 Department: Pathology/Laboratory – Blood Bank Approving Officer: Chief Operating Officer – UTMC Professor, 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: 6/1996
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

The Blood Transfusion Service has a system to provide prospective, concurrent and retrospective review of use of blood and blood components.

(B) Purpose of Policy

To ensure the use of blood and blood components is optimally beneficial, justified and appropriate for the treatment of the patient.

(C) Procedure

Current UTMC approved guidelines for the most commonly cited indications for transfusion are defined and required in the HIS orders for each type of blood component. Indications for transfusion must be included in the Transfusion Order and are verified when the blood is issued. When the indications for the transfusion are not noted or do not meet UTMC guidelines, it is referred to the Blood Transfusion Service Medical Director for further evaluation or peer review.

- Use and wastage of blood and blood components is tallied from the Monthly reports compiled by the BTS supervisor.
- Crossmatch to Transfusion ratios are determined for each physician.
- Uncrossmatched and Massive Transfusion blood usage and turnaround time is monitored.

This information is reviewed and evaluated by the Blood Transfusion Service Medical Director and the Lab/Blood Utilization Review committee to detect trends in inappropriate usage or preventable wastage. This information is reported to hospital administration through the Hospital Quality and Patient Safety Committee.

BTS technologists must notify the BTS Medical Director to consult with attending physicians for clarification of orders when unusual or unreasonable orders (not meeting UTMC guidelines) are received:

- Orders for special treatments of blood and blood components, i.e. irradiation for patients not listed in UTMC guidelines for special orders.
- Orders for platelet products when indications for transfusion are not listed in UTMC guidelines.
- Initial orders for HLA-matched or Crossmatched Platelets.
- Orders for exchange transfusions (Sickle Cell).
- Orders for IBM-washed Red Blood Cells

<p>Approved by:</p> <p><u> /s/ </u> <u> 03/21/2023 </u> Lauren Stanoszek, M.D. Date Assistant Professor Director, Blood Transfusion Service</p> <p><u> /s/ </u> <u> 03/21/2023 </u> Christine Stesney-Ridenour Date Chief Operating Officer - UTMC</p> <p>Review/Revision Completed By: Danielle Weinau, MLS(ASCP)^{CM}</p>	<p>Review/Revision Date: 6/96 3/1/2021 1/98 3/20/2023 2/99 8/00 1/05 12/07 6/9/2008 3/25/2011 3/01/2013 3/2/2015 3/1/2017 3/1/2019</p> <hr/> <p>Next Review Date: 3/1/2025</p>
<p>Policies Superseded by This Policy:</p>	

Reference: Current Edition of AABB Standards for Blood Banks and Transfusion Services