Name of Policy: **Storage of Blood Products in the Operating Room** **Policy Number**: 3364-124-26 **Approving Officer**: Chief Executive Officer **Responsible Agent**: Chief Nursing Officer **Scope**: The University of Toledo Medical Center Operating Room (OR)/Perioperative Services	**UT TOLEDO HEALTH** **Effective date:** 1/2026 **Original effective date**: June 1993	

Key words: Storage, Blood Products, Operating Room, Verification, Patient Identifiers

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

(A)   Policy statement

Blood and blood products will be stored, administered, and handled appropriately in the OR.

(B)   Purpose of policy

To provide effective and safe delivery of blood and blood products and to detail steps in obtaining and verifying blood and blood product identifying information prior to administration to the patient in the OR.

(C)   Procedure

(1)   The RN circulator verifies that the current blood bank ID band is on the patient prior to the surgery or at the time the blood sample is drawn in the OR room for crossmatch. The RN circulator verifies number of blood product units ordered and, if requested by the anesthesia provider, that all available units have been obtained from the blood bank and placed either in the OR blood refrigerator or the OR room per the request.

(2)   Upon request from anesthesia provider, the RN circulator or designee will obtain the required units from blood bank, taking the following steps:
(a) Verify patient name, medical record number, and blood bank unit number on each unit with blood release form delivered with the blood products.

(b) Sign the appropriate area of the blood release form with time-out and initials.
(c) Verify presence of temperature indicator attached to each unit.
(d) Verify unit(s) on ice in blood cooler in the OR room.

(3)   All blood and blood products must be verified as to the blood type, donor number, medical record number, and expiration date in EMR. During downtime verified by two licensed healthcare providers (usually the anesthesia provider and the RN circulator or two anesthesia providers) prior to administration. The blood transfusion form must be signed by these two persons verifying the blood and blood products.

(4)   Blood that is not used immediately must remain on ice in blood cooler with temperature indicator attached.

(5)   All unused blood must be returned to the lab as soon as possible by the RN circulator or designee. Each unit returned must be signed in with time and initials on the blood release form.

(6)   At the completion of the surgery, all unused blood will be returned to the lab. Temperature indicators will be retained in OR blood refrigerator for future use. Following discharge from PACU, the unused blood will be returned to the blood bank along with the blood release form.

(7)   Blood that has been out of the refrigerator and not placed on ice for more than thirty (30) minutes or has had a broken seal, should not be used and must be properly disposed of.

(8)   Follow policy 3364-108-401 Issue and Return of Blood and Blood Components which states:

        "All unused blood in the OR should be returned to the Blood Transfusion Service as soon as possible when surgery is completed. Unless Massive Transfusion Protocol is activated or blood is actively transfusing, the unused blood should not be taken to the clinical areas from OR."

(9)   Complete the OR Blood Delivery and Storage Record form with the time of return.

Approved by:	Policies Superseded by this Policy:
/s/	• *4-26*
_____	Initial effective date: June 1993
Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer	Review/Revision Date:
1/12/2026	June 1996
_____	January 1999
Date	July 2002
/s/	November 2003
_____	July 2005
Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer	June 10, 2008
	August 2011
1/12/2026	October 10, 2014
_____	February 1, 2016
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	December 1, 2022
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Operating Room Management	Next review date: 1/2029