UCONN HEALTH
UCONN JOHN DEMPSEY HOSPITAL

SECTION: PATIENT CARE NUMBER: 08-019

SUBJECT: REQUEST FOR BLOOD COMPONENTS AND AUDIT CRITERIA FOR BLOOD COMPONENT USAGE PAGE: 1 OF 3

POLICY: Blood is typed screened and/or cross matched on a written order of the physician/Licensed Independent Practitioner (LIP)

PROCEDURE:

1. Type and Screen Policy

Surgical Procedures:

A. Two ABO type specimens must be on record in the Blood Bank prior to release of crossmatched units of packed red blood cells or fresh frozen plasma.

B. If less than two specimens are on record and blood is emergently needed during surgery, uncrossmatched blood will be released.

C. It is recommended that an Extended Type and Screen be ordered up to 30 days prior to the surgical date to prevent a delay in providing blood on the day of surgery if an antibody is found.

D. If an Extended Type and Screen has been ordered, and an unexpected antibody is identified, the physician will be notified by the Blood Bank * to have a repeat Type and Screen drawn within 72 hours of the surgery , and the appropriate units of blood will be available prior to surgery.

E. If an Extended Type and Screen has not been ordered, and an unexpected antibody is identified on the day of surgery, there may be a delay in providing compatible blood while an antibody workup is performed.

F. If a physician anticipates unusual circumstances, the Blood Bank must be notified and additional units of blood will be available.

2. Blood Bank Policies

A. The order for blood and blood components, whether on a transfusion order sheet (form HCH-1240) or electronically in POE, must be completed with the indications for the blood transfusion, the signature of the ordering physician/LIP, date and time of order prior to the release of blood components from the Blood Bank. Audit criteria for blood component usage are listed at the end of this policy.

B. The individual obtaining blood samples from a patient for type and screen must correctly identify the patient using two identifiers and label the blood specimen at the bedside. The patient blood specimen MUST contain the following minimum information:

(1) Patient's full first and last name. (No abbreviations, correctly spelled)
(2) Patient's Medical Record Number (MRN)
(3) Legible signature (first initial and full last name) of the individual obtaining the blood specimen.
(4) Date and time specimen has been drawn.

If proper identification procedures are not performed, and any of the information is incorrect or missing, the patient sample must be re drawn.

C. Specimens for type and screen will be reviewed in Blood Bank database for prior results for each patient drawn. If there is no historical blood type, the Blood Bank will require that a second specimen be drawn before blood is cross-matched and ready for use. For inborn neonatal patients: a properly labeled cord blood is acceptable as the confirmation specimen.

D. Samples for type and screen must be re drawn every 72 hours. The only exceptions are neonatal patients and patients meeting criteria established in the Procedure Center Extended Type and Screen policy. Contact the Blood Bank to determine the availability of a current type and screen specimen.

E. A release form identifying the patient to be transfused must be presented to the Blood Bank before units of blood/ blood components will be dispensed.

F. In the event of an emergency, when uncross-matched blood is released for transfusion, the physician for the patient must sign the emergency blood request form indicating that the patient has a life threatening situation necessitating transfusion prior to compatibility testing.

Reference: 2015-03 Clinical Informed Consent – Obtaining and Documenting

Attachment: Audit Criteria for Blood and Blood Component Usage

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