BLOOD BANK POLICIES

Community Blood Center
1. Outpatient therapeutic phlebotomies are performed at Community Blood Center at 700 SW Lane. Call 785-233-0195 to make arrangements.

2. Plasma Exchanges are performed by the Pathologist and must be scheduled ahead of time.

3. Collection of Samples for Potential Blood Transfusion: Note: Blood bank armbands may be obtained from the laboratory.

St. Francis Lab
1. All Blood Bank request for “Type and Crossmatch” or “Type and Screen” of blood should be sent to the Laboratory immediately when ordered by a Physician.

2. All units of blood must be administered immediately after being released from the Blood Bank. Once a unit has been checked out from the Blood Bank it cannot be reissued for use if it was returned more than 30 minutes after release, or if the temperature of the blood on arrival to the Blood Bank is greater than 10 C or if the unit has been entered for any reason.

3. Blood must not be stored in refrigerators other than those in the Central Blood Bank or those approved by the Medical Director.

4. DO NOT attach the recipient set until immediately prior to administering the blood. If the set is attached then the blood must be administered IMMEDIATELY. Once the blood pack has been entered, blood cannot be reissued.

5. One recipient set can be used for several units. In no circumstances, should the administered blood be traumatized by excessive shaking, pressuring, squeezing, exposure to heat, or any other means.

6. All unused units of blood have to be returned to the Blood Bank, this includes partially used units. Units, which have been completely transfused, shall be kept on the nursing unit for 24 hours in the dirty utility room.

7. Refer to Protocol for Blood Component Therapy in the Nursing Manual for suggested rates of transfusion. The transfusion should be completed in less than four hours because of dangers of bacterial proliferation and red blood cell hemolysis at room temperature. This means that 7-8 cc (approximately 140 to 160 drops) should be given per minute. A general misconception seems to be related to the fact that the blood is thought to be too cold when released from the Blood Bank, but, except in special cases (like during cardio-vascular surgery), pre-warming of blood is not considered necessary and at ordinary rates of transfusion the blood will
rapidly reach the temperature of the patient’s circulation. If the blood has been warmed or allowed to reach a temperature above 10 C and has not been used it cannot be reissued by the Blood Bank. Nevertheless, in exchange transfusions or during the rapid infusion of large quantities of blood, passing the blood through a warming device can prevent some cardiac problems.

8. If nurses on the unit have difficulty in getting blood to run at the desired rate, they are to notify the supervisor on duty at once. DO NOT remove the administration set from unit. This voids the sterility of the system.

9. In all cases of reaction or suspected reaction the blood should be stopped (not pulled) and the attending physician notified immediately of the observed symptoms.

   A. Reaction: Transfusion reactions should be reported immediately to the Laboratory when it has been decided by the physician to discontinue the administration of the unit of blood. A suspected reaction form will be filled out with the complete information required on it and sent immediately to the Laboratory with the remaining portion of the unused blood in the bag with attached recipient set and a post-transfusion urine specimen. Upon notification of the suspected transfusion reaction the Laboratory will draw a blood sample from the patient and recheck pre and post blood specimen against donor. The pathologist will check the results. Reaction forms are available on the floors or can be obtained from the Blood Bank.

10. A blood bank tube can be used for compatibility testing up to ten days from the date drawn provided the patient has not received blood or blood products or has not been pregnant in the last three months. If the patient has received a blood transfusion, then a new tube must be drawn if the transfusion will be given 72 hours or more after the first unit was given. This is essential for the detection of possible antibodies in response to the already transfused blood. Blood held for medical and surgical patients will be automatically released after three days if not used.

11. Securing Blood: Blood cannot be obtained from the Blood Bank unless the vital signs of the patient are obtained and informed consent signed. (Exceptions to this are Surgery and ER.) The person (Hospital employee) picking up the blood will bring with them a completed Blood Request Form (these are located on all floors). Blood will not be dispensed without a Blood Bank I.D. Only one unit will be released from the Blood Bank at one time, except in Emergency (such as Surgery, ER, ICU and Kansas Dialysis) then two or more units for the same person can be ordered by the Physician, who will assume responsibility that the blood is given to the right patient.

12. Surgery Blood Bank Refrigerator: On all open-heart cases blood will be transported by lab personnel to the OR Blood Bank refrigerator along with an intrahospital transfer sheet. Individual temperature monitors will be attached to each unit. Blood may be put into the OR refrigerator on other cases requested by the Surgeon or Anesthesiologist. Surgery personnel will be responsible for notifying the Blood Bank and picking up
the blood in the lab for delivery to the OR refrigerator. Any unused blood will be returned to the Blood Bank along with the completed intrahospital sheet.

13. Emergency Crossmatch: When the attending physician feels that there is a need for immediate administration of blood without waiting for the usual compatibility procedures, which requires an average of 45 to 60 minutes, it will be the Physician’s responsibility to obtain the release of uncrossed blood from the Blood Bank. The Physician must accept responsibility for any complication resulting from the transfusion. He must indicate acceptance of this by signing the special Emergency release for or having someone sign for him. It will be the responsibility of the Blood Bank to issue properly grouped and labeled blood. It must be added that there is no such thing as an “Emergency Crossmatch”. The crossmatching or compatibility testing has to be done whether STAT or not. If time does not permit blood grouping of the patient in order to transfuse him with group and type specific blood, then Group O, Rh negative packed cells will be used.

14. The type of unit wanted must be specified in order for the laboratory to properly prepare it.

PLEASE SPECIFY: Preparation Time

A. Red blood cells (all are leukoreduced) 45-60 minutes
B. Fresh frozen plasma 30 minutes
C. Frozen blood (only used in instance of rare antibodies) **
D. Cryoprecipitate 20 minutes
E. Platelet pheresis, Leukoreduced (single donor platelet) 15 minutes
F. Fresh Frozen plasma, Cryopoor 30 minutes
G. Autologous blood (once available from CBC) 45-60 minutes
H. Designated donor blood (once available from CBC) 45-60 minutes
I. Irradiated Products or other special request **

* Platelet, apheresis are kept in the Lab Blood Bank and are usually immediately available. In case of high usage or product shortage, availability may take 1-2 hours as products may come from Community Blood Center in Kansas City, Mo (CBC).
** Irradiated Products or other special request such as washed, red cells, frozen, deglyced or CMV negative units are provided by Community Blood Center in Kansas City, Mo (CBC). One day notice is preferred, STAT situations will be handled case by case and all efforts will be made to provide the blood in a timely manner.

15. Identification of Patient and Blood Product by Laboratory: When securing blood from the laboratory, the hospital employee picking up the blood and a blood bank technologist will verify that the following information is correct:

Patient’s name and Date of Birth
Patient’s Medical record number
Patient’s Blood Bank I.D. number
Patient’s ABO & Rh along with the ABO & Rh type of the unit of blood
Unit number on the blood bag
16. Identification of Patient and Blood Product by Nursing Personnel: Refer to the procedure on the following page for proper identification criteria prior to infusing blood. Also refer to Blood Component Protocol in the Nursing Manual.

17. Plasma Exchanges are performed by Community Blood Center from Kansas City and must be scheduled ahead of time.

18. Designated Donor Units: Contact the Blood Bank department for required paperwork and additional information. Allow 2–3 working days for availability of units. Units are collected at Community Blood Center.

**IDENTIFICATION OF PATIENT AND BLOOD PRODUCT BY NURSING SERVICE BEFORE TRANSFUSION**

**PURPOSE:** To insure proper identification of the patient and to insure that the correct unit of blood is transfused to the appropriate patient. It is ideal for two professionals to carry out the steps.

**NOTE:** DO NOT attach the administration set until proper identification is checked.

**PROCEDURE:**

**I. TO BE CHECKED AT THE BEDSIDE.**

1. Check to make sure that the patient is wearing a blue Blood Bank identification bracelet. If patient is not, **DO NOT TRANSFUSE BLOOD.** Notify the Blood Bank immediately. Laboratory extension 8088

2. Check the patient's hospital armband and Blood Bank armband to make sure the patient's name, date of birth, and medical record number match the crossmatch transfusion tag. If any discrepancies are found, notify the Blood Bank.

3. Check the patient's Blood Bank armband with crossmatch transfusion tag to insure the Blood Bank I.D. number is the same on both.

4. Check the ABO group and the Rh type on the component to be transfused to be certain that it agrees with the cross match transfusion bag.

5. Check the unit number on the component to be transfused to be certain that it agrees with the cross match transfusion tag.

6. Once all information is checked and found to be correct, both professionals will sign the crossmatch transfusion tag. See example.

**II. BEFORE TRANSFUSION, THE FOLLOWING IS RECOMMENDED.**

1. Ask the patient to state his or her name.

2. Explain to the patient what the transfusion procedure involves.

3. Inquire as to whether the patient has experienced adverse effects from previous transfusions.

4. Explain the “transfusion reaction” symptoms to watch for that should prompt the patient to call for assistance

5. Unit is ready for transfusion: Refer to the Protocol for Blood Component Therapy in the Nursing Manual.

**REFERENCE:** AABB Technical Manual; Thirteenth Edition, 1999