

 UNIVERSITY of MARYLAND ST. JOSEPH MEDICAL CENTER	<b>LIS-29 Blood Bank Service Manual</b>	<b>Policy Executive: Laboratory Medical Director</b>
<b>Patient Care Policy</b>	<b>Patient Safety</b>	<b>Policy Owner: LIS Coordinator</b>

## PATIENT IDENTIFICATION FOR CLINICAL CARE AND TREATMENT

***INSTRUCTIONS*** In all cases, patient identification and specimen labeling is to be done at the side of the patient. Patient identification is to be done using the hospital's computer application for specimen labeling. Down-time applications require the down-time requisition with 2 persons who have been trained in the hospital patient identification practice. Label requirements are outlined below.

1. A specimen label is prepared prior to collection. A computer label, addressograph label or hand printed label may be used. Use of hand-held phlebotomy devices is preferred. The information must be legible, correct (includes spelling) and complete (see #2). Any information truncated must be added by hand. Any discrepancies from this will result in a re-draw being requested by the blood bank.
2. The patient's wristband, specimen label and requisition are compared aloud for:
  - Patient First and Last Name (if a middle name or initial is used, they must agree.)
  - Date of birth.
  - Patient Medical Record Number (MRN)
3. Identification of the person drawing the sample is captured electronically when using Cerner Bridge, and printed on the resulting specimen label. If drawn using downtime procedure, identification of person drawing the blood sample, and identification of person witnessing this draw, must appear on the downtime request form. Additionally, the person drawing the sample must sign the specimen label, and this information must agree with that on the downtime request form. And discrepancies from this practice may result in a re-draw being requested by the blood bank.
4. The blood sample is sent immediately to the blood bank.
5. A qualified blood bank technologist will confirm all identifying information (Patient Name, Unit Number, Date of Birth) is present on the label, and matches that in the patient's electronic record. Any sample received by the blood bank found to have a discrepancy or incomplete, incorrect (includes spelling), illegible, or missing information is to be discarded and a new sample requested. Specimen labels missing phlebotomist initials may be added by phlebotomist in the following situations:

- a. The actual phlebotomist and second person verifying patient information signatures are on the downtime requisition slip
  - b. Phlebotomist name is cut off during printing of Cerner Bridge label, with verification of phlebotomist name in Cerner (Pathnet)
6. If collector identification is missing the sample is to be discarded and a new sample drawn.
7. Once received in the Blood Bank, a specimen label may not be altered, removed or replaced in any way. If incorrect, the sample will be discarded. A specimen label or original identification cannot be covered or over-labeled in any way. If there is evidence of over-labeling, the sample will be discarded and a new draw requested by the blood bank.

## AUTOLOGOUS DONATION - RED CELLS

***SPECIMEN TYPE*** N/A

***CONTAINER*** N/A

***INSTRUCTIONS*** Must have physician's written orders.

***LABORATORY*** Blood Bank

***METHOD***

***AVAILABILITY*** Autologous products are drawn by the American Red Cross, and shipped to UM-SJMC. Scheduled through the American Red Cross Special Collections Services 888-808-4918.

***SPECIAL INSTRUCTIONS*** See above.

***INTERFERENCES***

***COMMENTS***

## BLOOD TYPING (GROUP & RH) and ANTIBODY SCREEN

***SPECIMEN TYPE*** Whole Blood

***CONTAINER*** Lavender or Pink (plastic)

***INSTRUCTIONS*** Routine; will be done in order of receipt in Blood Bank. (usually done within 4 hours)

***LABORATORY*** Blood Bank

***METHOD*** N/A

***AVAILABILITY*** 24 hours, may be ordered STAT (approximately 1.5 hour TAT upon receipt in BB)

***SPECIAL INSTRUCTIONS***

***INTERFERENCES***

1. Serum Separator Tube (SST) not acceptable.
2. Tube labeling errors. (See Labeling Procedure)

3. Hemolysis
4. IV Fluid

### **COMMENTS**

## **CORD BLOOD / INFANT REQUEST (TYPING AND DIRECT COOMBS)**

**SPECIMEN TYPE** Cord blood or whole blood (anticoagulated).

**CONTAINER** Cord blood - 2 red (Cord)  
Heel stick - 1 lavender (Infant)

**INSTRUCTIONS** Routine; will be done in order of receipt in Blood Bank.

**LABORATORY** Blood Bank

### **METHOD**

**AVAILABILITY** 24 hours (may be ordered STAT)

### **SPECIAL INSTRUCTIONS**

- INTERFERENCES**
1. Serum separator tube (SST) not acceptable.
  2. Tube labeling errors (see Labeling Procedure).

### **COMMENTS**

## **COMPATABILITY TESTING - RED BLOOD CELLS**

**SPECIMEN TYPE** Whole Blood

**CONTAINER** Lavender or Pink (plastic)

**INSTRUCTIONS** Routine orders will be handled in order of receipt in Blood Bank. When date and time needed is specified, every effort will be made to complete the crossmatch by that time.

**LABORATORY** Blood Bank

**METHOD** N/A

**AVAILABILITY** 24 hours a day, may be ordered STAT

**SPECIAL INSTRUCTIONS** Same specimen may be used in combination with order for type and screen.

- INTERFERENCES**
1. Serum separator tube (SST) not acceptable.

2. Rare blood types or antibodies may extend preparation time.
3. Tube labeling errors (See Labeling Procedure)
4. Hemolysis

**COMMENTS** Irradiated and other restrictions on transfusion of red blood cells are available upon request (May extend preparation time).

## CRYOPRECIPITATE, CRYOPRECIPITATE 5, POOLED

**SPECIMEN TYPE** Whole Blood

**CONTAINER** Lavender or Pink (plastic)

**INSTRUCTIONS** Contact blood bank. Units must be thawed, and they expire 6 hours from time of thawing. CRY5 (pooled product) expires 4 hours from time of thawing. Unit must be started or returned to the Blood Bank within 30 minutes of release to the floor. Thawed units are stored at room temperature.

**LABORATORY** Blood Bank

**METHOD** N/A

**AVAILABILITY** 24 hours, may be ordered STAT

**SPECIAL INSTRUCTIONS**

1. Transfuse using a routine component filter.
2. Same specimen may be used in combination with order for type, antibody screen and/or request for other components.

**INTERFERENCES**

1. Serum Separator Tube (SST) not acceptable.
2. Units may have to be obtained from the ARC.
3. Tube labeling errors (See Labeling Procedure).

**COMMENTS**

## DIRECT COOMBS TEST

**SPECIMEN TYPE** Whole Blood (anticoagulated)

**CONTAINER** Lavender (10 cc) or Pink (plastic)

**INSTRUCTIONS** Routine; will be done in order of receipt in Blood Bank.

**LABORATORY** Blood Bank

**METHOD** N/A

**AVAILABILITY** 24 hours, may be ordered STAT

***SPECIAL INSTRUCTIONS***

1. Same sample may be used in combination with order for type or antibody screen
2. Cord blood obtained in a sterile red top tube at delivery.

***INTERFERENCES***

1. Tube labeling errors (See Labeling Procedure).
2. Serum separator tubes (SST) are not acceptable.

***COMMENTS***

## DIRECTED DONATION - RED BLOOD CELLS

***SPECIMEN TYPE*** N/A***CONTAINER*** N/A***INSTRUCTIONS*** Directed donor products are drawn by the American Red Cross and shipped to UM-SJMC.***LABORATORY*** Must be scheduled at the American Red Cross (ARC).***METHOD******AVAILABILITY*** Contact Blood Bank (ext 1713) for information regarding this procedure.***SPECIAL INSTRUCTIONS******INTERFERENCES******COMMENTS***

## FRESH FROZEN PLASMA, THAWED PLASMA

***SPECIMEN TYPE*** Whole Blood***CONTAINER*** Lavender or Pink (plastic)***INSTRUCTIONS*** Contact blood bank. Units must be thawed, and they expire 5 days from time of thawing. Units must be started or returned within two hours of release to the floor. (Exception: Issued in transport cooler)***LABORATORY*** Blood Bank***METHOD*** N/A***AVAILABILITY*** 24 hours, may be ordered STAT

***SPECIAL INSTRUCTIONS*** Transfuse with a routine component filter.

***INTERFERENCES***

1. Serum Separator Tube (SST) not acceptable.
2. Thawing may take up to 40 minutes.
3. Tube labeling errors (See Labeling Procedure).

***COMMENTS***

## IRRADIATED BLOOD OR COMPONENTS

***SPECIMEN TYPE*** Whole Blood

***CONTAINER*** Lavender or Pink (plastic)

***INSTRUCTIONS*** Contact Blood Bank.

***LABORATORY*** Blood Bank

***METHOD*** N/A

***AVAILABILITY*** Blood Bank will contact the ARC for availability.

***SPECIAL INSTRUCTIONS*** Transfuse with routine component filter.

***INTERFERENCES***

1. Serum separator tubes (SST) are not acceptable.
2. Tube labeling errors.

***COMMENTS*** Procurement of these products is from American Red Cross. Delays may occur.

## PEDIATRIC ALIQUOT - RED CELLS (INFANTS < 4 months old)

***SPECIMEN TYPE*** Cord blood, whole blood (anticoagulated)

***CONTAINER*** Cord blood - 2 red tops, Heel stick - 1 lavender (pediatric), Maternal - 1 Lavender

***INSTRUCTIONS*** Contact Blood Bank. Aliquot must be prepared prior to use and may have an expiration date of 24 hours from the time of preparation. The aliquot must be transfused or returned to the Blood Bank within 30 minutes of release to the floor.

***LABORATORY*** Blood Bank

***METHOD***

***AVAILABILITY*** 24 hours, may be ordered STAT

## ***SPECIAL INSTRUCTIONS***

### ***INTERFERENCES***

1. Serum separator tubes (SST) not acceptable.
2. Tube labeling errors (see Labeling Procedure).
3. Units may have to be obtained from ARC.

### ***COMMENTS***

Pediatric red cells are fresh CPDA-1, Hgb S negative, CMV seronegative, and Irradiated

## PHLEBOTOMY (THERAPEUTIC)

***SPECIMEN TYPE*** Whole Blood

***CONTAINER*** N/A

***INSTRUCTIONS*** Must have physician's written orders.

***LABORATORY*** Blood Bank

***METHOD*** N/A

***AVAILABILITY*** Schedule with Phlebotomy service.

***SPECIAL INSTRUCTIONS*** Floor Nurse may be required to stay in attendance.

### ***INTERFERENCES***

### ***COMMENTS***

## PLATELETS PHERESIS

***SPECIMEN TYPE*** Whole Blood

***CONTAINER*** Lavender or Pink (plastic)

***INSTRUCTIONS*** Units must be started or returned within 30 minutes of release to the floor Platelets are stored at room temperature, with agitation.

***LABORATORY*** Blood Bank

***METHOD*** N/A

***AVAILABILITY*** Contact Blood Bank. Special orders may need consultation with the pathologist.

### ***SPECIAL INSTRUCTIONS***

1. Transfuse using a routine component filter.
2. Same specimen may be used in combination with orders for type, indirect coombs, and/or request for other components.

**INTERFERENCES**

1. Serum separator tube (SST) not acceptable.
2. Tube labeling errors (See Labeling Procedure).

**COMMENTS**

All pheresis platelets are supplied as leukoreduced. One pheresis platelet product is equivalent to one adult "dose" of platelet product. Special request for matched pheresis platelet products must be pre-approved by the Blood Bank Medical Director, and ordered under the supervisor of the Blood Bank. These products may take extended time period to procure from blood collection agencies.

## RED CELLS, WASHED

**SPECIMEN TYPE** Whole Blood

**CONTAINER** Lavender or Pink (plastic)

**INSTRUCTIONS** Washing is performed just prior to transfusion and takes about 20 min. A washed unit expires in 24 hours.. Unit must be started or returned within 30 minutes of release to the floor (exception: locations with monitored blood refrigerators).

**LABORATORY** No longer washed at UMSJMC. Washing performed @ UMMC Blood Bank

**METHOD** N/A

**AVAILABILITY** 24 hours.

**SPECIAL INSTRUCTIONS**

**INTERFERENCES** N/A

**COMMENTS** Washed red blood cells require initial pre-approval through the Blood Bank supervisor.

## RH (D) IMMUNE GLOBULIN (RHIG)

**SPECIMEN TYPE** Whole Blood (anticoagulated)

**CONTAINER** Lavender top or Pink top (plastic)

**INSTRUCTIONS** May be ordered prenatal at 28 weeks.  
Must be ordered within 72 hours on Rh negative mothers involved with Rh positive fetus, abortion, or amniocentesis. A post delivery or post miscarriage/abortion/amniocentesis specimen must be used to ensure proper dosage of Rhlg is prepared.

**LABORATORY** Blood Bank

**METHOD** N/A

**AVAILABILITY** 24 hours.

**SPECIAL INSTRUCTIONS** Same specimen may be used in combination with type, antibody screen, or Rosette test.



## ***INTERFERENCES***

1. Tube labeling errors (see Labeling Procedure).
2. Serum separator tubes (SST) are not acceptable.

## ***COMMENTS***

# ROSETTE TEST

***SPECIMEN TYPE*** Whole Blood

***CONTAINER*** Lavender or Pink (plastic)

***INSTRUCTIONS*** Test is ordered by the Blood Bank only and is used in conjunction with orders for Rh(D) Immune Globulin (Rhlg) on Rh negative mothers involved with Rh positive infants, abortion, or amniocentesis. A post delivery or post miscarriage/abortion/amniocentesis specimen must be used to ensure proper dosage of Rhlg is prepared.

***LABORATORY*** Blood Bank

***METHOD*** N/A

***AVAILABILITY*** 24 hours, may NOT be ordered STAT

***SPECIAL INSTRUCTIONS*** Same specimen may be used in combination with type, antibody screen, or request for Rhlg.

## ***INTERFERENCES***

1. Tube labeling errors (see Labeling Procedure).
2. Serum separator tubes (SST) are not acceptable.

## ***COMMENTS***

# TRANSFUSION REACTION WORK-UP

***SPECIMEN TYPE*** Whole Blood

***CONTAINER*** Lavender or Pink top (plastic)

***INSTRUCTIONS*** Discontinue transfusion at once. Call attending physician; notify Blood Bank immediately. Submit first available urine specimen to Stat Lab for complete urinalysis, include comment that urine is for transfusion reaction workup. Physically return remaining blood unit with tubing still attached to the Blood Bank. Record date, time, and type of reaction in patient's electronic medical record. Submit a post reaction sample.

***LABORATORY*** Blood Bank

***METHOD*** N/A

***AVAILABILITY*** 24 hours, STAT

***SPECIAL INSTRUCTIONS***

***INTERFERENCES***

1. Serum Separator Tube (SST) not acceptable.
2. Tube labeling errors (see Labeling Procedure).

***COMMENTS***

## TYPE & SCREEN (ON HOLD) No Blood Crossmatched

***SPECIMEN TYPE*** Whole Blood

***CONTAINER*** Lavender or Pink (plastic)

***INSTRUCTIONS*** An ABO Group, Rh Type and Antibody Screen will be done. No blood will be crossmatched at this time. Orders will be held awaiting further instructions for 4 days (day of draw = day 0). After completion of the Type and Screen, if a crossmatch is requested, the blood can be released following initial testing (electronic) within approximately 15 minutes. If patient has irregular antibodies there may be a delay in providing red blood cells.

***LABORATORY*** Blood Bank

***METHOD*** N/A

***AVAILABILITY*** 24 hours

***SPECIAL INSTRUCTIONS***

1. Type & screen approved by Medical Executive Committee.
2. If the patient is found to have antibodies, appropriate blood will be obtained and crossmatched prior to receiving further orders from the nursing unit. This will delay the turn around time.
3. Hemolysis

***INTERFERENCES***

1. Serum Separator Tube (SST) not acceptable.
2. Tube labeling errors. (See Labeling Procedure)
3. Rare blood types or antibodies may affect preparation time.

***COMMENTS***