BLOOD BANK

GENERAL POLICY
1. All transfusion products are obtained through the laboratory by contractual arrangement with Bonfils Blood Bank. All blood products are to be ordered through the laboratory.
2. The following blood products are routinely available in the PVMC Blood Bank:
   • Packed red blood cells of the following types:
     O Pos
     O Neg
     A Pos
     A Neg
     B Pos
   • Fresh Frozen Plasma
   • Cryoprecipitate – each unit is equal to 5 pre-pooled units of cryoprecipitate.
3. All other blood products and blood groups and types are not routinely stocked in the PVMC Blood Bank. The PVMC Blood Bank can obtain these products from Bonfils Blood Center. There may be a significant delay in obtaining these products.
4. Laboratory personnel or qualified personnel must obtain blood samples for pretransfusion testing.
   • Both the patient and the sample must be positively identified at the time the sample is obtained using two patient identifiers.
   • The hospital wristband is to be used for identification. If no wristband is present, a doctor or nurse who knows the patient must identify the patient.
   • Laboratory personnel obtaining the specimen will include the following information on a blood bank armband to be placed on the patient’s wrist:
     Patient’s full name and Medical Record number
     Date and time drawn
     Initials of person drawing the blood
     There is a space for recording the patient’s date of birth. This is not a required piece of information, but must be recorded correctly.
   • The unidentified emergency patient can be assigned a temporary ID number
   • The top strip of the blood bank armband is detached and placed on the specimen tube.
5. A post transfusion hematocrit should be ordered between 4 and 24 hours after an RBC transfusion. A post infusion platelet count should be ordered between 10 minutes and 1-hour post platelet transfusion.

VERIFICATION AND ADMINISTRATION OF BLOOD
All information related to product transfusion is to be recorded in Sorian.
1. RNs or Physicians should administer blood. LPNs may assist in patient identification.
2. Immediately before transfusion, the following information shall be verified:
   • The intended recipient’s two independent identifiers, ABO group, and Rh type.
   • The donation identification number (unit number), the donor ABO group, and Rh type.
• The interpretation of crossmatch tests for RBCs.
• Special transfusion requirements are met, if applicable.
• The unit has not expired.
• The armband number on the product, product tag, and patient’s blood bank armband all match.

3. The transfusionist and one other individual shall, in the presence of the recipient positively identify the recipient and match the blood component to the recipient through the use of two independent identifiers.

4. All identification attached to the container shall remain attached until the transfusion has been terminated.

5. The patient shall be observed for potential adverse events during the transfusion and for an appropriate time thereafter.

6. Specific written instructions concerning possible adverse events shall be provided to the patient or a responsible caregiver when direct medical observation or monitoring of the patient will not be available after transfusion.

AUTOLOGOUS TRANSFUSIONS
Autologous transfusion is the donation of blood for transfusion to oneself. Autologous donations are handled through Bonfils Blood Center.

DIRECTED DONORS
Directed donors are handled through Bonfils Blood Center.

TRANSFUSIONS - MONITORING OF PATIENTS
The following guidelines should be followed regarding monitoring patients receiving blood products:
1. Before starting blood product, record patient’s temperature, pulse, respirations and blood pressure on the transfusion record.
2. During the first 15 minutes, the rate of transfusion should not exceed 100 ml per hour. Observe the patient constantly for the first 5 minutes. Thereafter, check the patient at frequent intervals, at least every 15 minutes. After 15 minutes, the rate of transfusion can be set as ordered by the physician. Upon the completion of the transfusion, continue to monitor the patient frequently for at least 2 hours.
3. Record vital signs in Sorian.
4. Temperature and pulse should be checked every 15 minutes throughout the transfusion. A temperature increase of over one-degree requires stopping the transfusion and notifying the physician.
5. If at any time evidence of a transfusion reaction is observed, the transfusion is to be stopped immediately and the physician notified.

POSSIBLE TRANSFUSION REACTIONS
The list of potential transfusion complications/reactions is to be consulted and can be found in the Nursing Protocols.

1. Stop blood transfusion immediately. Keep the vein open with a slow saline drip.
2. Assess the patient’s condition; check and record vital signs.
3. Inform the patient’s physician immediately.
4. Notify the laboratory and send all remaining blood product (or empty bag, if product has been completely transfused), tubing, and fluids associated with the transfusion back to the laboratory.
5. Nursing Service must collect an IMMEDIATE post transfusion urine sample. Send to the laboratory STAT.
6. A post transfusion blood specimen will be collected by the laboratory.
7. Record all information related to the transfusion reaction in Sorian.

**RHOGAM [Rho (G) IMMUNE GLOBULIN]**

Rhogam is given to prevent the formation of Anti-D in an Rh-negative mother who has delivered an Rh-positive infant or following an amniocentesis or abortion in Rh-negative women.

1. Babies of Rh-negative mothers will have testing to determine candidacy of the mother for and dosage of Rhogam.
2. Medical criteria for the administration of Rhogam are as follows.
   - Mother is Rh negative.
   - Mother has not formed an Anti-D.
   - The baby is Rh positive or of unknown Rh type.
   - If an Rh negative mother has a fetal death or when an amniocentesis is done.
3. Rhogam is administered to the mother and should be given within 72 hours of the birth, miscarriage or abortion.