

**SUNY DOWNSTATE MEDICAL CENTER**  
**UNIVERSITY HOSPITAL OF BROOKLYN**  
**POLICY AND PROCEDURE**

No. BLB-1

**Subject:** PROCEDURE FOR ORDERING,  
PICKING UP AND DELIVERING  
OF BLOOD

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**I. PURPOSE**

To procure blood and blood products from the Blood Bank for transfusion.

**II. POLICY**

Request for blood and blood products are processed by the Blood Bank providing the "Request for Blood Components" card is signed and completed.

**III. DEFINITION(s)**

Ordering, picking up and delivering of bloods.

Messenger includes any designated person such as messenger service, a doctor, nurse, physician's assistant, medical student, clerk, volunteer, etc.

**IV. RESPONSIBILITIES**

Blood Bank, Surgery, Medicine, Pediatrics, Neonatal, Nursing, Messenger Services, Pathology, Emergency Department, Ambulatory Oncology, Pediatric Hematology/Oncology, Dialysis

## V. PROCEDURES/GUIDELINES

### **The Ordering of Fresh Frozen Plasma, Platelets, Rhlg, Other Components and Derivatives**

Given an appropriate indication, when a request for fresh frozen plasma, platelets, cryoprecipitate, and Rhlg, or other components and derivatives is received from the patient's physician, the standard orange requisition of the blood bank, **REQUEST FOR BLOOD COMPONENTS**, #BB-50-5 (Exhibit #1), is filled in and processed by either the physician, nurse, or clerk, and appropriately signed.

In non-emergency situations, the requests for these products (except for Rhlg) will be reviewed and approved by the Blood Bank Clinical Pathology resident. The Blood Bank will provide the pager number of the resident on call.

A messenger is then sent to pick up the request requisition. Upon reaching the nursing station, the messenger will be handed the orange requisition to take to the blood bank. At the Blood Bank, the messenger will be told to return with the white card, **REQUEST FOR BLOOD RELEASE**, in a half hour, 10-15 minutes if a stat request, providing that there are no complications in thawing (if component requires thawing), to pick up the product and return it to the nursing station. The **REQUEST FOR BLOOD RELEASE** card is necessary for the dispensing of platelets, fresh frozen plasma, cryoprecipitate, and derivatives including Rhlg.

### **The Ordering of Red Cells**

When an appropriate order for red cells is received, e.g., "type and cross-match three units of blood for a patient," the order will be processed via the computer and the messenger will be called. The orange blood bank requisition entitled, **REQUEST FOR BLOOD COMPONENTS**, #BB-50-5, must be filled in completely, signed, and accompany the properly labeled and signed specimen.

**All specimens must contain the patient's name and medical record number, and be signed and dated by the person drawing the specimen. The requisition must be signed by the requesting physician and the phlebotomist drawing the sample and must also contain the patient's full name and medical record number. Any discrepancy or omission of any of these items will result in the discard of both the specimen and requisition. A specimen is available for cross-matching for 72 hours, after which another specimen must be drawn.**

The requisition should be fastened to the blood specimen and given to the messenger when he or she arrives at the nursing station. The blood specimen will then be transported to the blood bank by the messenger in a specimen transport bag.

When the blood component is ready in the blood bank, the white card entitled, **REQUEST FOR BLOOD RELEASE**, will then be filled in by the nursing station staff (Exhibit #2). The patient's social security number must be documented on the **REQUEST FOR BLOOD RELEASE** for autologous and directed units.

The messenger will then come to the floor and pick up the white card entitled, **REQUEST FOR BLOOD RELEASE**, and take it to the blood bank. Upon receipt of this card, blood will be released to the messenger. Under no circumstances will the blood bank give out blood to a messenger (or anyone) without the **REQUEST FOR BLOOD RELEASE** (white) card or release blood for more than one patient at a time.

Note: For the morning pick up of red cells from the Operating Rooms, a slightly different protocol is used, i.e., as will be described under the heading, Operating Room (O.R.).

The blood bag will arrive on the nursing station with an attached two-copy **CROSSMATCH/TRANSFUSION FORM** (Exhibit #3).

1. This form is then to be filled in and signed by the individuals who perform the itemized pretransfusion checks and start the transfusion.
2. In case of transfusion reaction, the person stopping the transfusion and documenting signs/symptoms will sign the form. The form will be returned to the blood bank with appropriate specimens, the blood bag, IV tubing and solutions. The infusion needle or catheter should not be sent to blood bank; it should be detached and discarded in a sharps disposal container.
3. The form is completed at the end of the transfusion. The person terminating the transfusion must sign this form. The top, white copy of the form is attached to the patient's chart on the blood bank sheet (an orange form) by the person terminating the transfusion, or his/her designate.
4. A completely filled in **CROSSMATCH/TRANSFUSION FORM** (bottom, salmon copy) is to be returned to the blood bank as soon as possible via the messenger on their normal rounds.

For a detailed discussion of the actual transfusion procedure, consult and follow the **HOW TO ADMINISTER A BLOOD TRANSFUSION** procedure in the Standards (Nursing) Procedure and Nursing Station Manuals.

#### **Emergency Requests or Stat Requests for Blood (Including the Emergency Department Services)**

Stat and emergency requests should be so labeled and the blood bank staff should be notified by telephone or in person of the urgent request. This request requires the blood bank to immediately proceed to type and screen the patient sample, if not already done, and find compatible blood by performing an immediate spin cross-match. Blood will be available within 45 minutes unless a serologic problem is encountered; if such is encountered, blood availability will be delayed.

In cases when the need for blood is more urgent than a "stat" request, the physician should so inform the blood bank. A cross-match will not be performed. One of the following may be done: The physician in charge of the patient must sign a release, (back of the **REQUEST FOR BLOOD COMPONENTS**, BB-50-5, requisition) indicating the emergent situation which requires the release of uncross-matched blood. The blood bank will cross-match the units after the release of the blood and notify the physician of the results (Exhibit #5).

There are three options for the emergency release of uncross-matched/incompletely cross-matched red blood cells for transfusion.

1. Option A: (Group/Type Immediate Spin Cross-match)—The patient is typed; ABO & Rh identical blood will be released on an immediate spin cross-match, but the antibody screen will be incomplete; blood will be available within five to ten minutes.
2. Option B: (Group/Type Specific; Uncross-matched)—The patient is typed; and ABO & Rh identical blood will be released without cross-matching; blood will be available within five minutes. However, this is the least desirable.
3. Option C: (Uncross-matched Group O negative) O negative red blood cells will be released; blood will be available immediately.

The blood bank will complete the testing of the patient's specimen and cross-match the units as quickly as possible after the release of the blood. The physician will be notified of the results.

An uncross-matched or partially cross-matched, and/or testing incomplete label is placed on the unit. (Exhibit #6)

### **Blood On-Call**

The blood bank is responsible for the conditions under which blood must be kept. Therefore, blood cannot be held on the floors for extended periods, i.e., in food or medication refrigerators. If the blood is not used, it must be returned within **one half hour** of issue from the blood bank. With the exception of patients in the O.R. where there is a blood bank monitored refrigerator, only one unit at a time will be released to the nursing stations from the blood bank for a patient. In an extreme emergency requiring two or more units transfused to the same patient, a personal, verbal, or written order by the physician is required. Blood can be held cross-matched for up to 72 hours.

### **Operating Room (O.R.)**

Blood samples for cross-matching, while often submitted the day prior to surgery, must be submitted within 72 hours of the elective transfusion. These samples are routinely processed. At approximately 6:00 A.M., the O.R. messenger will pick up half of the blood cross-matched for each patient and deliver these units to the O.R. If additional units are needed, the nurse or surgeon should call the blood bank via hospital telephone. At the time of the request, the number of units required must be indicated. At approximately 4:00 P.M., the O.R. messenger returns all the unused blood from completed surgical procedures, to the blood bank.

### **Acute Care Receiving Center (ACRC) / Emergency Department (ED)**

Blood samples for cross-matching will be treated as emergencies, unless otherwise stated.

### **Ordering An ABO/RH, Antibody Screen And Direct Antiglobulin Test**

When no blood is needed, but if an ABO/RH, antibody screening and/or direct antiglobulin testing is required, it can be ordered on the yellow **Request for Blood Bank Related Tests/Batteries** form. (Exhibit # 4). The form must be filled in completely, and signed appropriately. It is to accompany a properly drawn, labeled and signed specimen.

## **VI. ATTACHMENTS:**

None

## **VII. REFERENCES**

Refer to BLB-2, BLB-2A  
American Association of Blood Bank Standards 22<sup>nd</sup> edition, 2003  
American Association of Blood Bank Technical Manual 14<sup>th</sup> edition, 2002  
NYS Department of Health Regulations, March 2000  
NYS Department of Health Standards, September 2000

Date Reviewed	Revision Required (Check One)		Responsible Staff Name and Title
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