Antigens other than ABO and D are not routinely considered in the selection of units of blood for nonalloimmunized patients. If the patient has a clinically significant unexpected antibody(ies), blood lacking the corresponding antigen(s) should be selected for crossmatching. When crossmatch-compatible units cannot be found, the medical director of the transfusion service should be involved in the decision on how to manage the patient's transfusion needs.

LB.65 The transfusion services establish a process for compatibility testing.

LB.65.1 There is a process to ensure the detection of ABO incompatibility between the recipient's serum/plasma and the donor's RBC.

LB.65.2 The process ensures the compatibility testing is performed on integrally attached segment from the donor's RBC unit.

LB.65.3 The process ensures the checking for presence, now or in the past, of clinically significant antibody in the patient's serum.

LB.65.4 The process ensures the proper labeling of cross-matched units with patient's name, patient's identification number and patient's ABO /Rh-D.

Standard Intent:

Unless there is an urgent need for blood, a crossmatch must be performed before a red cell transfusion. When clinically significant antibodies are not detected in current antibody detection tests and there is no record of previous detection of such antibodies, then a method is required that at least detects ABO incompatibility, such as an immediate spin (IS) or computer/electronic crossmatch (the antiglobulin test may be omitted).

When a patient has a clinically significant antibody identified currently or historically, even if the antibody is presently nonreactive, RBC lacking relevant antigens should be selected for transfusion and the crossmatch must include incubation at 37 C and the AHG test.

A tag or label indicating the recipient's two independent identifiers, Patient's ABO / Rh-D and the compatibility test interpretation, must be attached securely to the blood container.