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ANCILLARY DIVISION APPROVAL MATRIX		Issue Date: Version:1.0(2011) Review: (2014, 2016, 2018, March2022)
		Section / Department LABORATORY SECTION
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POLICY AND PROCEDURES



1. All patients needing blood transfusion **MUST** provide their own blood. The hospital only provides blood in the following cases when no blood and blood products can be provided:

Emergency cases needing blood urgently:



 - a. Patients in hypovolemic shock due to blood loss.
 - b. Patients in (O.R.; D.R.; L.R.) with continuous blood loss / when the blood loss goes beyond the estimated allowable volume.
2. All blood requests should be channeled to the Laboratory for proper coordination to the Philippine Blood Center, Philippine National Red Cross and other lead Blood Service Facilities.

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3. Blood coming from commercial blood banks will not be accepted
4. All cross matching requests **MUST** be properly filled-out including indication for transfusion. Physicians are advised to follow the guidelines set by the Department of Health on the rational use of blood and blood products. **The request will only be accepted if signed by the attending physician.**
5. Requests should be signed by the Resident of the Department and countersigned by the Senior House Officer.
6. For Emergency cases, when blood is urgently needed, the physician must weigh the risk of transfusing uncross matched or partially cross matched blood against the risk of delaying transfusion until compatibility testing is complete.
 - a. A **waiver signed by the patient's next-of- kin and the physician-in-charge** must be submitted together with the cross matching request prior to processing and release of blood units.

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7. **NO BLOOD NO SURGERY applies to all elective cases (private/charity) requiring blood.** It is suggested that elective cases for surgery should only be admitted when they have blood needed for the contemplated surgical procedure to avoid long waiting periods in the wards.
8. For cases where multiple blood units will be transfused, only one (1) unit at a time will be cross matched to avoid unnecessary usage of laboratory equipment and reagents.
 - a. If the physician/resident-in-charge is certain that multiple blood units will be transfused, cross matching may be done for all the units.
 - b. Blood units for possible OR use or stand-by only will not be cross matched as this is clearly not an indication for cross matching.
9. **Pre-deposit blood is only as good as the indicated expiry DATE ON THE BLOOD BAG** because of the scarcity of blood and its components. It is the responsibility of the physician-in-charge to schedule the contemplated procedure/transfusion as soon as blood is secured.
10. A **FIRST-IN FIRST-OUT** rule is strictly implemented to avoid spoilage of blood and its components.
 - a. In extreme cases where there is scarcity of blood and there is no blood in the general pool, patients will automatically use their net-in blood units, regardless of date of expiration.
11. **NO RETURN POLICY** applies to all blood unit/s once taken outside the laboratory for MORE THAN 30 MINUTES outside monitored refrigeration will be considered as used.

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12. BLOOD UNITS NOT TRANSFUSED / USED BY THE PATIENT WILL AUTOMATICALLY GO TO THE GENERAL POOL AS DONATION TO THE HOSPITAL.

- a. These units will be used for emergency/stat cases only.
- b. Buying and selling of blood units within the hospital is strictly prohibited by law. These transactions will not be honored and will be reported to the authorities.
- c. Transfer of blood units from patient to patient is not allowed and will not be tolerated.
- d. Unless a special request is made to retain the blood for a particular patient, all reserved and unused blood will be returned to the general blood pool.

13. Employees are encouraged to join the voluntary blood donation program of the hospital conducted by the Philippine Blood Center. They will be screened and bled according to the rotation schedule. Those employees who fail to meet the requirements as blood donors are encouraged to bring in a donor as their replacement.

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EMERGENCYTRANSFUSION

I. DEFINITION

1. A transfusion is an **EMERGENCY** only when administration must be immediate to sustain life. Deviation from usual transfusion practice may be necessary.
2. Exceptions must be handled with utmost care to ensure that the urgency of the situation warrants the release of blood before the cross match is completed.
3. The patient's physician must indicate both the urgency of the situation and his acceptance of the additional risk in writing.

II. URGENTSITUATIONS

If necessary, issue the uncrossmatched blood. Notify the pathologist that uncrossmatched blood to be released.

- A. Group specific blood should be given. If time permits, test the patient's blood type without reliance on the previous record. Routine ABO and Rh typing can be done within five minutes.
- B. If there is no time to determine the patient's blood groups, (only in the most



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**BLOOD TRANSFUSION COMMITTEE
GENERAL POLICY AND PROCEDURE**

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extreme **EMERGENCIES**), group "O" negative may be given if it had at least 70% of the plasma removed. Group "O" positive may be given only if group "O" negative blood is not available from the facilities.

III. ADMINISTRATION OF UNMATCHED BLOOD

1. Blood may be given prior to the completion of the crossmatch procedure if the physician order sit and signs the "Emergency Request for Uncrossmatched Blood" form.
2. Collection, administration, and documentation of uncrossmatched blood must follow as closely as possible the procedure contained in this policy, including consent for administration if a patient or responsible other is able/ available to sign.

IV. INSPECT BLOOD PRODUCT FOR

BUBBLES OR ANY ABNORMAL COLOR OR CLOUDINESS. IF PRODUCT APPEARS ABNORMAL, RETURN TO BLOOD BANK FOR REVIEW.

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Note: After removal from the blood bank, blood transfusion must be started within 30 minutes or returned to the blood bank.



DO NOT STORE BLOOD PRODUCT IN THE REFRIGERATOR ON THE NURSING UNIT OR ANY OTHER REFRIGERATOR OTHER THAN THE BLOOD BANK REFRIGERATOR.

v. SUSPECTED BLOOD REACTION PROCEDURE

1. Reaction to the administration of blood include: heat at site of infusion or along vein; facial
2. flushing; lumbar and/or substernal pain; chills/or fever rise of one degree Celsius or two degrees Fahrenheit; hemoglobinuria; anaphylaxis; diffuse bleeding; dyspnea; urticaria; nausea and vomiting; shock; hypertension/hypotension.

Note: During transfusion if a patient with known febrile illness has an elevated temperature (rise of one degree Celsius or two degrees Fahrenheit), notify the physician to individualize care.

3. If any of the above symptoms are present, the nurse shall:
 - a. Discontinue the transfusion immediately, in a manner that protects the sterility of the container.
 - b. Administer normal saline through a new administration set. Take vital signs.
 - c. Notify the physician immediately.
 - d. Notify the Blood Bank. Any adverse effect is a suspected transfusion reaction and shall be reported and investigated.
 - e. Reconfirm patient and donor identification on Cross match Card, blood unit and blood/ patient bracelet.
 - f. Collect blood specimens (Red top tube).
 - g. Send first post adverse effect urine specimen to laboratory.

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- h. Complete the transfusion Reaction Report.
- i. Return blood bag, tubing, and attached fluids, and lab copy of transfusion form to Blood Bank in infectious waste or specimen transport container. DO NOT DISCARD!!!



RETURN AND REISSUANCE OF BLOOD WITHIN THE HOSPITAL

Procedure:

Blood that has been returned to the Blood Bank shall not be reissued for transfusion until the following conditions have been made:

1. The blood is returned within 30 minutes of removal from the Blood Bank.
2. The container closure has not been penetrated or punctured in any manner.
3. The blood is not warm on return to the Blood Bank(<10°C).
4. The blood is quarantined 24 hours (or until it has settled) and the plasma is re-examined for appearance and color.
5. Permanent records must indicate that the unit has been reissued.

The expired blood products should be returned to the BSF and are cord should be kept.

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EXCHANGE TRANSFUSION IN ABO INCOMPATIBILITY

Exchange transfusion: replaces the antibody coated red blood cells of a newborn infant with compatible donor's red cells and removes bilirubin and circulating maternal antibodies from the baby's plasma. Normally, blood for exchange transfusion should be less than 5 days old and should be plasma reduced.

TIMING OF ORDERING A CROSSMATCH

A cross match should be ordered only when there is a high probability that the blood unit will be used as in major blood supplies. In minor elective surgeries, where there is just reserved standby but are rarely used, the following procedures should be followed:

1. A clotted sample of the patient should be sent to the laboratory at least 24 hours

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before the operation with a request form for standby blood signed by the patient's attending physician.

2. If the blood is actually needed during the operation, a 5 minutes grouping test and a 10 minutes cross match can be done (Saline phase).

ISSUING OF BLOOD FROM THE LABORATORY

Blood should not be collected from the laboratory until the ward is ready for transfusion.

*Blood should not be allowed in the ward REFRIGERATOR.

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RECEIVING OF SPECIMEN:

1. Crossmatching—3to4cc of blood (Plain tube)
2. Bloodtyping—1to2cc of blood (EDTA tube)

BLOODSPECIMENFORCROSSMATCHING

1. Blood request form must include the patient's full name and hospital number.
2. The Recipient and blood sample must positively be identified when the sample for cross matching is drawn.

STAT CASES

45 minutes to 1 hour (Complete phase) 20 minutes (Saline phase)

Requests for STAT with the procedure o Saline Phase only should be taken care of since if we do the Saline Phase we cannot assure you that no reaction will come out after consuming a unit of blood. Not all antibodies can be detected by doing just one phase only. Some antibodies can be detected in the 2nd or 3rd phase and that is why weneedto completethe3phasesofcrossmatchingbefore releasingthe blood.

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A transfusion is **EMERGENCY** only when administration may be immediate to sustain life. If necessary, issue the uncrossmatched blood. Group specific blood should be given. If time permits ,Blood Bank will test the patient's blood type without reliance on the previous records.

PROCEDURETOFOLLOW WHEN THERE IS TRANSFUSION REACTION



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1. Notify the Blood Bank if any adverse effect is a suspected transfusion reaction and shall be reported and investigated.
2. Collect blood specimen(plain tube for re-cross match) (EDTA for Direct Coombs Test)
3. Sent the post adverse effect **urine specimen** (1st hour urine) to the laboratory.
4. Complete the transfusion reaction report.
5. Return blood bag and laboratory copy of transfusion form to Blood Bank in infectious waste for investigation.

**DO NOT DISCARD THE BLOOD BAG.GIVE IT BACK TO THE LABORATORY FOR
TRANSFUSION REACTION INVESTIGATION**

NO SAVE SERUM for BLOOD BANK

Blood typing should be done first before doing the cross matching except for emergency cases (stab wound, vehicular accident, patient for direct OR, etc.



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