1. **Principle**

Directed donations are from a parent to a child (aged 17 or younger) and must be requested by the transfusing physician after blood group compatibility has been confirmed.9.1 These requests must be carefully reviewed and the safety of both the donor and recipient taken into consideration.

1. **Scope and Related Policies**
2. The request for a directed donation must be received from the attending physician. If a parent or another individual makes inquiries, they should be referred to the patient’s attending physician.
3. Acceptable Blood Groups:

The ideal directed donor is ABO identical and Rh compatible. However, a blood group compatible but not identical is acceptable for red cell transfusions ONLY.

Example:

* Group O donor cells to non group O recipients
* Group A donor cells to group AB recipients.

There will be no donor directed plasma or platelets issued if the donors’ plasma is incompatible with the recipient. Incompatible directed donor plasma is discarded.

1. CMV Status:

CMV negative donor blood products will be given as per facility policy

1. Irradiation:

All directed donation products are to be irradiated prior to issue if obtained from a 1st degree relative.

1. **Specimens – N/A**
2. **Materials**

**Supplies:** Directed Donation Request Form

CBS Forms: F020913 and F020915

1. **Quality Control – N/A**
2. **Procedures**

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| 1. Physician Request
 | 1. The attending physician must complete the request form F020915. This includes the following demographic information:
* Name of patient
* Date of birth
* Hospital identification number
* Diagnosis
* Reason for transfusion
* Number of donation units required
* Date units required
* Special requirements (i.e. Neonatal quad units)
* Medical screening history of parent(s).
 |
| 1. The attending physician will:
* Discuss the risks of transfusion and the viral testing protocol
* Order the following laboratory tests on each potential donor(s):
* CBC
* Blood group and antibody screen
* CMV testing (see section CMV status
 |
| 1. The form F020915, for each parent/donor, will be forwarded to the Transfusion Laboratory on completion
 |
| 1. Send completed forms
 | 1. Review all laboratory tests on the parent/donor for compatibility with the patient
 |
| 1. Forward forms for all compatible cases to the blood supplier. . If the Physician's copy is received by the TML this will be sent to Health Records and a copy kept in the directed donation file in the Transfusion Laboratory
 |
| 1. Send all incompatible directed donors reports to the attending physician
 |
| 1. Send the original request form to Health Records.
 |
| 1. Maintain all directed donation request regardless of the outcome in the Transfusion Laboratory
 |
| 1. Blood Supplier Testing
 | 1. Viral testing will be performed on the donor blood as per current policy
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| 1. The results from the blood supplier will be sent to the Transfusion Laboratory after all testing is complete. The units can then be entered into their inventory as a directed donation.
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| 1. Irradiated directed donations have a shelf life of 28 days
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| 1. Transfuse Units
 | 1. Perform crossmatching as per routine procedures with the patient’s sample to confirm compatibility.
 |
| 1. Units will be tagged as per site specific protocol
 |
| 1. Unused directed donation units are kept until the end of their shelf life and discarded. They must not be given to another recipient or returned to the blood supplier.
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| 1. Allogeneic Blood Products
 | 1. In the event that allogeneic blood products are required for a directed donation recipient, these will be issued according to the existing transfusion policies for either neonates (<4 months), children or adults
 |

1. **Reporting – N/A**
2. **Procedural Notes**
	1. Acceptable shelf life of directed donor units of packed cells for pediatric cardiology patients is dependent on the age of the recipient:
		1. < 4 months of age: Red cell units with a shelf life < 8 days is ideal.
		2. Red cell units with a shelf life of 28 days are acceptable providing that the unit is washed in saline and reconstituted with saline, to its original volume.
		3. Washed units to be identified to “USE FIRST.”
		4. > 4 months of age: Red cell units with a shelf life up to 14 days are acceptable.
	2. If the donor is female only red cell donations will be accepted unless there is a specific medical indication for platelets or plasma and approval has been obtained from the TM Medical Director.9.1
3. **References**
	1. Clinical Guide to Transfusion (On-line edition at www.transfusionmedicine.ca) Chapter 16 (Updated June 2013)
4. **Revision History**

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| --- | --- |
| **Revision Date** | **Summary of Revision** |
| August 10, 2015 | * Revised name of manual
* Revised sections 1.0 and 6.0
* Revised and renumbered section 2.0
* Added section 8.2
* Updated list of references
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