# Principle

To list situations, requests and procedures that require medical input or decision making with a qualified physician who has overall responsibility for the hospital transfusion service.

Recognition of the areas requiring medical intervention should be an integral part of a transfusion medicine consulting and education system.

# Scope and Related Policies

## All TML policies and procedures shall be established under the jurisdiction of a licensed physician trained and experienced in the practice of transfusion medicine.9.1

## The Medical Director or designate shall oversee the development of and approve any policies or procedures, either technical or clinical, which relate to the care and safety of the transfusion recipient.9.1

## The scope of procedures or services offered in the facility dictate the areas requiring consultation with the Medical Director or designate. This protocol serves only as a guideline and a tool for consistency, not as an attempt to establish a standard. Additional circumstances may be appended.

## Various circumstances in the practice of transfusion medicine require clinical and laboratory collaboration for decision-making. In these cases, a laboratory physician would provide guidance and should be notified and/or consulted.

## If the Medical Director or designate cannot be contacted and transfusion is required urgently, products should be prepared and released as requested. The Medical Director or designate should be consulted as soon as possible. If compatible blood cannot be found, the patient’s physician should be contacted immediately.

## All errors and incidents should be reviewed by the responsible Medical Director or designate for the transfusion service in the facility. Error management should be included in quality assurance reporting of the laboratory.9.2

### A system should be in place to review processes where an incident is reported to ensure that root causes of errors are identified and, where applicable, that procedures and processes are revised to prevent recurrence.9.2

## Where there is no access to a laboratory physician on site, the patient’s physician should be notified promptly when medical intervention may be required.

### In a medical emergency where the patient may be at risk of an immediate hemolytic transfusion reaction or in other danger from the transfusion, the medical technologist may resort to direct contact with the patient care area. This contact will be made to notify them to stop the transfusion.

# Specimens – N/A

# Materials – N/A

# Quality Control – N/A

# Procedure

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| The Medical Director or designate should be contacted immediately in the following circumstances:* Incompatible blood transfused inadvertently
* Incorrect product transfused to a patient
* STAT crossmatch where no compatible donor units are found
* Transfusion reaction due to clerical error
* Transfusion reaction investigation where the direct antiglobulin test (DAT) is negative pre-transfusion and positive post-transfusion and transfusion is required
* Anaphylactic transfusion reaction
* Suspected transfusion reaction due to bacterial contamination of blood component
* Delayed transfusion reaction
* Transfusion reaction investigation where the post-transfusion specimen is hemolyzed and the hemolysis is not due to a difficult collection
* Requests for additional blood products before a transfusion reaction investigation is complete
* Requests for additional blood products for transfusion before an antibody investigation is complete
* Non-routine requests for exchange transfusion
* Critical blood shortages where there is a significant probability that transfusions or surgical procedures will require delay or cancellation
* Infrequently requested products, unusual dosage for size and/or age of patient
* Rh positive platelet products that may be transfused to an Rh negative female of child bearing potential or younger when the situation differs from standard hospital policy
* Disaster notification
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| 6.2 The Medical Director or designate should be contacted as soon as possible in the following circumstances, preferably prior to the issue of blood products:* Massive transfusion of a patient. See Procedural Notes 8.1
* Inappropriate requests for blood products. See references for indications on the use of blood and blood components (e.g. Bloody Easy Resources)
* Antibody investigation that may cause delay of surgery
* Request for special preparation of a blood product on a patient with no history of special transfusion requirement (e.g. washed blood, blood negative for anti-CMV, irradiated products, HLA matched platelets)
* Request for an inappropriate dose of Rh Immune Globulin
* First time requests for Immune Globulin and coagulation products not ordered by a clinical hematologist and/or not meeting the blood supplier criteria for indications for use
* Requests for less than or more than a single dose of platelets on an adult patient
* Transfusion of platelets on three consecutive days and the order has not been placed by a hematologist
* When a blood product with special attributes is not available for a specific patient (e.g. CMV seronegative for low birth weight neonatal patient)
* When a product does not meet visual inspection criteria or exceeded temperature storage requirements during shipment and/or contamination of the donor unit is suspected
* The use of expired reagents until new reagents can be obtained
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| 6.3 The Medical Director or designate should review the following:* All transfusion reactions
* Abnormal cold agglutinin titre
* Positive DAT
* Blood product withdrawal, recall, lookback and traceback
* Errors and incidents reported by or to the transfusion service
* Immunoglobulin levels on patients with weak or missing reverse grouping (not including BMT patients)
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| Reporting |
|  | 7.1 | All discussions with the Medical Director or designate should be documented. Record the date, time and the identity of all pertinent persons, conversations, actions and follow up that are part of the consultation process in the patient TM record. |

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| Procedural Notes |
|  | 8.1 | Massive transfusion is defined as the transfusion of 10 or more units of blood in an adult patient or the replacement of at least one blood volume in one 24-hour period to one patient. |

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| References |
|  | 9.1 | Standards for Hospital Transfusion Services Version 3 – February 2011. Canadian Society for Transfusion Medicine, 1.2, 1.4. |
|  | 9.2 | IQMH Accreditation Requirements and Guidance Information, v6 December 2013. I.B.10; I.C.1;  |
|  | 9.3 | Clinical Guide to Transfusion (most current version); [www.transfusionmedicine.ca](http://www.transfusionmedicine.ca). |

 9.4 Bloody Easy 3 Blood Transfusion, Blood Alternatives and
 Transfusion Reactions, Third Edition; 2011

# Revision History

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| **Revision Date** | **Summary of Revision** |
| September 1, 2015 | * Revised name of manual
* Revised sections 2.0 and 6.0
* Removed sections 5.1 & 5.2
* Changed “pathologist” to “Medical Director or designate” in section 7.1
* Updated list of references to include most recent editions
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