

BARNES-JEWISH HOSPITAL
TRAUMA SERVICES POLICIES/PROCEDURES

TITLE: Emergency Department Blood Refrigerator

SUBMITTED/REVIEWED BY: Julie Nash, RN, MSN, Manager
Trauma Services

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Policy Statement

- A. To provide universal donor replacement blood products required by appropriate trauma patients on an emergent basis.

Equipment

- A. Blood refrigerator in the Trauma Critical Care is located at the nurses station across from Rm. 3
1. Quality control monitoring of refrigerator is the responsibility of the Blood Bank including temperature control and par levels of blood products. This refrigerator is monitored by the Rees monitoring system. A variance in appropriate temperature range will initiate an automatic call down to the Blood Bank for troubleshooting with ED and BJH Facilities Engineering. The Blood Bank Compliance Coordinator will monitor Rees documentation for compliance with blood banking standards. Blood Bank staff will monitor the ED refrigerator inventory.

Procedure

Key Point:

Six units each of O negative and O positive packed red blood cells and two units of A thawed plasma will be par stock level. This level is reviewed and can be adjusted accordingly, related to usage, upon agreement of the Trauma Medical Director, the Emergency Department Medical Director and Blood Bank management.

A. Assessment

1. Emergency release blood intended recipient must have a type and cross blood sample drawn and sent to the Blood Bank as soon as possible. Use of emergency blood does not negate the need for compatibility (crossmatch) testing to be performed as soon as possible. In addition, the check sample tube, when needed, will be sent via tube station to the ED. The check sample must also be sent back to the Blood Bank as soon as possible.

B. Implementation

1. When need for emergency blood use has been identified, appropriate blood units are removed from the refrigerator. **NOTE:** All females will receive O-(negative) red blood cells and all Males will receive O+(positive) red blood cells. Male or female patients will receive A plasma. Opening the refrigerator door sets off an alarm in the Blood Bank.
2. When the alarm is activated in the Blood Bank, a Blood Bank staff member will call the designated phone in Trauma Critical Care for the following information:
 - a. Blood product number
 - b. ABO / Rh.
 - c. Patient name or Doe name/ Doe number if applicable
 - d. Emergency Department registration number and Medical Record Number (MRN)

- e. Physician requesting the blood
- f. Type of trauma

3. Blood should only be removed from refrigerator immediately before use.

4. If, in the rare circumstance, blood is removed from the refrigerator and not used, the nurse is required to call Blood Bank to ascertain proper disposition of the blood product. Blood cannot be returned to the blood refrigerator unless staff is directed to do so by Blood Bank personnel.

5. No other blood units, blood products, medications or food are to be kept in this refrigerator under **any** circumstances.

6. Blood can be removed from the refrigerator to be sent with a patient to the operating room if necessary. The Blood Bank **must** receive the same information above as well as an addendum of intended destination (the OR). Units that are sent to the OR should be noted on the flow sheet as sent to the OR (not having been given) with their numbers recorded.

7. Blood replacement for units removed from the refrigerator will be the responsibility of the Blood Bank and will occur as soon as reasonably feasible after removal.

8. In the event that the blood refrigerator alarm goes off indicating a temperature variance, the Rees alarm monitoring system will notify the Blood Bank **immediately**. Blood Bank staff will respond by calling the ED to see if simple troubleshooting can be done, initiate work order to Facilities Engineering and respond in person to remove blood products.

C. Evaluation/Documentation

1. Special release tags on the blood units must have the patient's name or Doe name/ Doe number, patient number and medical record number (MRN), date and time transfused, signature of transfusionist, and then are placed in the patients chart.

2. Blood bank will send an emergency release waiver that is to be completed and signed by a treating physician. This form is returned to the blood bank.

Resources/References

Jan Bruno, Manager, Blood Bank

Dr. Grossman, Medical Director, Blood Bank

Cris Loomis, Clinical Supervisor, Trauma and Acute Care Surgery

Jennifer Williams, Clinical Nurse Specialist, Emergency Department

Approval

Dr. Douglas Schuerer, Medical Director, Trauma Services Date of Approval 8/19/15