

LABORATORY BLOOD BANK STANDARD OPERATING PROCEDURES MANUAL	<b>NOTIFICATION OF PHYSICIAN WHEN CRITICAL LIMITS IN IMMUNOHEMATOLOGY OCCUR</b>
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I. Statement of Purpose:

Because Blood Banking is more a treatment protocol, rather than a diagnostic tool, the critical limits when a physician or appropriate nursing unit be notified are different in nature from other defined critical results in the clinical laboratory. These critical limits are usually defined more as situations rather than actual values. **WHEN ANY OF THE FOLLOWING SITUATIONS OCCURS, IT IS IMPORTANT FOR PROMPT PATIENT MANAGEMENT DECISIONS THAT THE PHYSICIAN OR POSSIBLY SPECIFIC NURSING UNIT OR BOTH BE NOTIFIED IMMEDIATELY.**

II. During compatibility testing if any of the following situations arises, and there is an immediate need to issue the blood for transfusion: If in any of these cases, the physician decides that the patient is at great risk and must be transfused anyway, an emergency URGENT RELEASE OF BLOOD form must be completed by the technologist, after notification of the physician of the situations. This form will be placed on the patient's chart and signed by the physician at the earliest convenient time. Documentation of Read back is on this form.

- A. If an antibody has been found but cannot be identified in a timely manner.
- B. If the antibody can be identified but the appropriate antisera are not readily available for testing of donor units for the corresponding antigen.
- C. If the appropriate antisera are available, however units tested do not appear to be negative to all the antigens that correspond to the antibodies present. (This happens in cases of multiple antibodies where the correct type unit is not available negative to all the antigens.)
- D. If no units appear to be compatible with or without a positive antibody screen.
- E. If there is a cold agglutinin present that cannot be prewarmed out or absorbed by autologous cells.

III. When doing a type and screen procedure to be available for use in surgery, and an antibody is found, the physician must be notified:

- A. Suggest to the physician that a crossmatch procedure might be necessary before surgery so that blood would be quickly available if needed. If there is still no order for a crossmatch, make sure that appropriate antigen negative blood is available.
- B. Even in the case of a cold agglutinin, make sure physician understands that blood would need to be crossed ahead of the surgery time and found compatible to make sure it will be readily available if needed.

IV. In prenatal testing:

- A. If an IgG antibody is identified during prenatal testing, the physician must be notified. It is also necessary to suggest that an antibody titer be done as well as subsequent titers during the pregnancy.
- B. If there is an increase in titer of 3 or more increments or in a score of greater than 10, when performing an antibody titer, the physician should be notified as soon as possible.

V. In newborn testing:

If a positive direct coombs is found the nursery should be notified. In this case the nursery nurse is notified first, in case they are preparing the mother and baby for discharge. They will notify the physician. An elution should be performed and results documented and reported.

VI. Other blood components:

If there is an order for a blood component that United Blood Services does not have on hand and will have to special order, the physician must be notified as to the status or time frame in getting that component.

VII. Discrepancy of Blood Types:

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- A. If in testing a patient's blood, it is found that the type does not match what is on record in the blood bank, all the appropriate people must be notified. If it does not affect care or components given, the physician does not need to be notified.
  - B. This is especially important in cases of Rhogam not being given because of an incorrect D testing or a wrong type of unit given to a patient whether the unit was compatible or not. In these cases, the physician would need to be notified.
  - C. In the case of a discrepancy, please follow the procedure in this manual: QUALITY ASSURANCE AND DEVIATIONS FROM STANDARD OPERATING PROCEDURES.
- VIII. Notify the physician if Rhogam was not given to a patient that did need it, and report to him why this occurred. It is suggested that Rhogam still be given even if it is past the 72 hour time frame.
- IX. The notification of the physician or the nursing unit must be documented in the computer as any other Critical Value notification. The computer entry includes the following:
- ★ Date and time of call,
  - ★ Laboratory person logged on and making the call,
  - ★ The person notified, and
  - ★ Verification that a read-back of the testing results was performed.

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**REVISED BY: Kay Shaw, MT(ASCP)SBB DATE: 4/98, 4/99, 5/2002, 6/2003, 6-2004, 2-2006**

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***See original policy in the Laboratory for all documented annual reviews.***

Reference:

Technical Manual, 11th edition, American Association of Blood Banks, 1993, pp.416-417.

Modern Blood Banking and Transfusion Practices, 2nd edition, Harmening, Denise, F.A. Davis Company, 1989, p. 232.