

Appendix S: Sample Massive Transfusion Policy – Torrance

Note: This is a SAMPLE developed for a particular facility as an example to work from. You may need to adjust based on the individual circumstances of your facility.

DEPARTMENT: LABORATORY
SECTION: BLOOD BANK - TRANSFUSION SERVICE
POLICY: EMERGENCY RELEASE AND MASSIVE TRANSFUSION

PROTOCOL

Purpose:

This document describes the responsibilities of the departments during an Emergency Release of Red Blood Cells (RBCs) and Massive Transfusion Protocol.

Scope:

All hospital personnel must be competent in this procedure.

Definitions:

- ▶ **Emergency Release of Red Blood Cells:** upon receipt of order from a physician, 2 units of RBC are released within 10 minutes from time of phone call to the Blood Bank.
Platelets and Thawed Frozen Plasma will be made available only if requested.
- ▶ **Massive Transfusion Protocol (MTP):** upon receipt of order from a physician, 2 units of RBC are released within 10 minutes from time of phone call to the Transfusion Service/ Blood Bank.

The following blood products will be provided after the initial release of 2 units of RBC:

- 4 units RBCs in a cooler
- 4 units of thawed Frozen Plasma (within 45 minutes)
- 1 unit of Platelets immediately or as soon as they can be procured.

***Until the Hemorrhage Protocol has been called-off, the following products will be provided:

- 4 units RBCs in a cooler
- 4 units thawed Frozen Plasma
- 1 unit platelets
- 2 units thawed pooled cryoprecipitate

Notes: Each blood product component should be kept at the following temperatures:

- ▶ **RBCs: in a 1-6C RBC cooler**
- ▶ **Freshly thawed plasma: should be kept in a separate cooler than RBCs**
- ▶ **Platelets are kept at 20-24C cooler**

Policy:

- ▶ The ordering department must inform the Transfusion Service (TS) if it is an “Emergency Release of RBCs” versus a “Massive Transfusion Protocol (MTP)”
- ▶ If there is no current ABORh and Antibody Screen (Type and Screen) specimen in the Transfusion Service, patient sample must be sent to Transfusion Service STAT. Un-crossmatched blood is dispensed until testing is completed.

Overview of Responsibilities:

Responsible Party	Description of Responsibility
<p>Attending Physician/ Surgeon/ Designee</p>	<ul style="list-style-type: none"> ▶ Recognizes the need to activate the Emergency Release or MTP ▶ Updates nursing or responsible team of blood product needs ▶ Cancels MTP as indicated ▶ Ordering MD must sign and return to the Transfusion Service the Emergency Blood Release/ Waiver Form as soon as possible when crisis subsides ▶ Orders must be placed in Cerner Millennium as soon as possible for lab work and transfusions
<p>Unit Lead or designee</p>	<ul style="list-style-type: none"> ▶ Alerts the staff of the Emergency Release or MTP ▶ Ensures collection, proper labeling and transport of Transfusion Service specimen (if not already obtained) ▶ Assigns a person who will communicate with the Transfusion Service for the duration of the crisis ▶ Maintains communication with the physician/surgeon or designee ▶ Ensures maintenance of blood products within acceptable temperatures <ul style="list-style-type: none"> • RBCs: in a 1-6C RBC cooler • Freshly thawed plasma: should be kept in a separate cooler than RBCs • Platelets are kept at 20-24C cooler ▶ Ensures cancellation of the protocol as directed by the physician/surgeon or designee ▶ Ensures prompt return of coolers and unused blood products to the Transfusion Service ▶ Maintains all transfused bags for later reconciliation of products transfused. This information is placed in the patient medical record. ▶ Ensures that orders are placed in Cerner Millennium for all lab work and transfusions ▶ Examines the process for feedback and improvement.
<p>Person assigned to communicate with the Transfusion Service</p>	<ul style="list-style-type: none"> ▶ Calls the Transfusion Service and provides them with the following info: <ul style="list-style-type: none"> • Contact Name and phone extension • Patient Name and MRN • Ordering Physician Name • Location where blood is to be transfused • Confirm if this is an Emergency Dispense or MTP ▶ Completes orders for blood products ▶ Prints the Patient Product Inquiry (procurement form) or other acceptable form to pick-up blood products ▶ Ensures TS specimen is transported immediately ▶ Maintains close communication with Transfusion Service

Responsible Party	Description of Responsibility
Transporter	<ul style="list-style-type: none"> ▶ Transports TS specimen immediately ▶ Receives blood products from TS and delivers to patient location immediately ▶ Waits for additional instructions from the person communicating with the TS and nursing floor
Transfusion Service Personnel	<ul style="list-style-type: none"> ▶ Alerts the TS staff and Supervisor of Emergency Release or MTP ▶ Assesses the need for assistance ▶ Prepares RBCs for immediate dispense. These may be: <ul style="list-style-type: none"> • Crossmatched RBCs if available • Un-crossmatched ABORh compatible in there is a current sample with at least an ABORh test performed with matching patient’s Blood Bank ID# • Un-crossmatched group O neg or O pos (depending on patient’s Rh type/gender and availability of supply) ▶ If Un-crossmatched RBCs had been dispensed, CLS must perform the crossmatch ASAP. Any incompatible crossmatch result must be called to the physician or contact person. ▶ For MTP only: If Thawed Frozen Plasma is not available, 4 units will be thawed immediately <ul style="list-style-type: none"> • Platelets will be dispensed if available or ordered from blood supplier STAT • Will dispense 4 units of RBCs, 4 units of thawed Frozen Plasma, 1 unit of platelets Until the Hemorrhage Protocol has been called off, will dispense the following as needed: 4 RBCs: 4 thawed FFPs: 1 Plt: 2 Cryo ▶ When crisis is over, sends to the Emergency site the Emergency Blood Release /Waiver Form for the ordering physician to sign ▶ Will reconcile all blood products issued versus the orders in Cerner Millennium ▶ Will communicate to the nursing floor all orders/forms needed to be completed
On-site Lab Supervisor/ Senior CLS/ Lead CLS	<ul style="list-style-type: none"> ▶ Ensures the policy and procedures are followed ▶ Ensures adequate staffing in the TS while protocol is in effect ▶ Provides assistance as needed ▶ Updates TS Director/on-call pathologist of the protocol status as needed ▶ Examines the process for feedback and improvement

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