

Blood Bank

Pre-Admission Specimen Testing

1. Purpose: To schedule pre-admission testing in accordance with AABB guidelines for pre-transfusion specimens.
2. Policy: Patients who have been transfused or pregnant within 3 months prior to surgery must have a pre-transfusion specimen drawn within 3 days of the scheduled surgery. Other patients may be extended to within 14 days prior to elective surgical procedure.
3. Procedure:
 - A. In order to satisfy the AABB's criteria, a "Pre-Admission Blood Bank History Form" will be:
 - 1)Included and properly filled out as part of pre-admission testing interview.
 - 2)Presented to the BB at time of blood draw.
 - 3)Returned to patient's chart for permanent record. See "Pre-Admission Blood Bank History Form."
 - B. If history form indicates "NO" for both transfusion and pregnancy, the 14-day specimen will apply.
 - C. If history form indicates "UNKNOWN" or "YES" for either question, the BB specimen cannot be drawn. The laboratory will draw all other blood work requested except for BB tests. The laboratory secretary will give the patient an appointment to return for BB testing within 3 days of surgery.

Pre-Admission Blood Bank History Form

PRE-ADMISSION BLOOD BANK HISTORY FORM



Name: _____ Date of Birth _____

Surgery Procedure: _____

Surgery Date: _____

BLOOD BANK ORDERS:

Type and Screen only

Type and Crossmatch for _____ Units of Autologous Blood

_____ Units of Bank Blood

Hold a clot for Blood Bank

TRANSFUSION HISTORY:

1. Were you transfused in the last three months?

YES NO Unknown

2. Have you been pregnant in the last three months?

YES NO Unknown

Patient's Signature: _____ Date: _____

Interviewer's Signature: _____ Date: _____



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Place Label Here

Blood and Component Availability

1. One Type and Screen and crossmatch for 2 to 4 units. If emergency, it will be available in 45 minutes.
2. Crossmatched blood will be held on pre-operative patients for 24 hours for the day of surgery. At the end of this period, blood is automatically released, unless the laboratory is notified otherwise. Please notify the laboratory immediately if there is a change in patient's status and blood is no longer needed.
3. Crossmatched blood for patients using blood is held for 3 days upon request.
 - A. If patient has received blood during this 3-day period, a type, screen, and crossmatch is repeated on a fresh blood specimen on day 4 for another 3 days, if needed.
 - B. If patient has not received blood during the 3-day period, the blood is released and a new physician's order will be needed if blood is still required.
4. Uncrossmatched Blood: In an emergency situation, the patient's physician must assume responsibility in transfusing uncrossmatched blood or wait for completion of the crossmatch. The release for uncrossmatched blood is available from the BB and must be signed by the physician and put on the patient's chart.

Note: When a STAT type and crossmatch is ordered, the floor will be notified when blood is ready. All other routine requests and pre-operatives will be processed and the blood will be held for 24 hours, unless the laboratory is otherwise notified.
5. Hold Clot for BB: At times, physicians will request a BB specimen to be drawn "in case" they later decide to order a type and screen or a crossmatch. This has become a routine procedure for some labor room, chemotherapy, and emergency room patients. Physicians may often want to wait to better evaluate a patient or obtain the hemoglobin/hematocrit result before ordering BB blood work. This "HOLD CLOT" must be ordered under the BB test screen.
6. Type and Screen: Type and Screen includes a type, Rh, and an antibody screen. Blood will not be crossmatched until a definite need arises. A 3-minute delay must be anticipated when the crossmatch is needed. If the screening is positive, the antibody is identified and 2 units, which have been specially screened, are crossmatched and put on hold for 24 hours. Type and screen provides:
 - A. Savings to the patient.
 - B. Better allocation of technologist's time.
 - C. Decrease in the number of outdated units of blood.
 - D. Savings in expendable supplies.