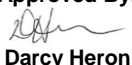
	<b>Job Aid: Reviewing Request for Release of Red Cells for Transfusion Criteria</b>		<b>Document #</b> JA160-INV-14
			<b>Version #</b> 03
	<b>Approved By:</b>  Darcy Heron	<b>Effective Date</b> <b>30-MAR-2020</b>	<b>Source Document:</b> <b>Shared Health Transfusion Medicine Manual</b>

## Job Aid: Reviewing Request for Release of Red Cells for Transfusion Criteria


**Purpose:** To provide guidance on how to apply transfusion criteria when a *Request for Release of Red Cells* is received in the blood bank.

Task								
<b>1</b>	<b>Request for Release of Red Cells</b> received in blood bank: <ul style="list-style-type: none"> <li>Ensure form is complete as per <b>Appendix I</b> below; if form is not complete, either call or return to clinical unit for completion</li> </ul>							
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 60%;">If patient is from the following location or has a...</th> <th style="width: 40%;">Then...</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>Operating or Recovery Room</li> <li>Outpatient</li> <li>Pediatrics</li> <li>Emergency / Critical Care</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Labour &amp; Delivery</li> <li>Massive Transfusion Protocol</li> <li>Hemoglobinopathy</li> </ul> </td> </tr> <tr> <td>Stable, non-bleeding inpatient</td> <td>Review request for current admission hemoglobin (hgb) value</td> </tr> </tbody> </table>	If patient is from the following location or has a...	Then...	<ul style="list-style-type: none"> <li>Operating or Recovery Room</li> <li>Outpatient</li> <li>Pediatrics</li> <li>Emergency / Critical Care</li> </ul>	<ul style="list-style-type: none"> <li>Labour &amp; Delivery</li> <li>Massive Transfusion Protocol</li> <li>Hemoglobinopathy</li> </ul>	Stable, non-bleeding inpatient	Review request for current admission hemoglobin (hgb) value	
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<b>2</b>	Ensure request form contains current admission hgb value: <ul style="list-style-type: none"> <li>If no, search in Delphic or follow up with clinical unit to ensure current admission hgb has been performed</li> <li>If yes, review hgb value as per Transfusion Criteria</li> </ul>							
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<b>4</b>	<b>Hgb ≥81g/L, Capturing Outcome of TM – Ordering Physician Consult</b>							
	<b>APPROVED and Request from...</b>	<b>Then...</b>						
	eTL site	<ul style="list-style-type: none"> <li>Enter request and issue as per 160-TL-02</li> <li>In eTL click <b>Comment</b> button and free text "Order approved by TM physician [name]"</li> </ul>						
	Non-eTL site <i>(unit provided by hub site/CBS)</i>	<ul style="list-style-type: none"> <li>Write "Order approved by TM physician [name]" on Request for Release</li> <li>Complete request as per 160-INV-15</li> </ul>						
	<b>DENIED and Request from...</b>	<b>Then...</b>						
	eTL site	<ul style="list-style-type: none"> <li>Ensure request <b>has not</b> been entered and unit <b>has not</b> been issued: <ul style="list-style-type: none"> <li>If request is entered prior to notification from TM physician transfusion denied, request must be cancelled in eTL as per 160-TL-02</li> <li>If unit is issued prior to notification from TM physician transfusion denied, return to inventory as per 160-TL-10</li> </ul> </li> <li>On Request for Release indicate "Order Cancelled as per TM physician [name]"</li> <li>Discard Request for Release as per site policy</li> </ul>						
Non-eTL site <i>(unit provided by hub site/CBS)</i>	<ul style="list-style-type: none"> <li>Write "Order Cancelled" on Request for Release</li> <li>Enter in blood bank log book "Unit not issued as per transfusion protocol. Spoke with TM physician [name] at time (00:00) and date (dd/mm/yy)."</li> <li>Complete process as per 160-INV-15</li> </ul>							
<b>Complete TM Physician Consult form for all requests where Hgb is ≥81g/L indicating whether transfusion was approved or denied.</b>								

## Appendix I Completed Request for Release of Red Cells

All highlighted areas on form must be filled in by clinical unit; if not, either call or return request to clinical unit for completion.

For **Diagnosis and Clinical Indication**, please note low hgb is **not** a diagnosis; if diagnosis is unclear contact the TM physician on-call.

	<b>Request for Release of Red Cells</b>		Document # F160-INV-34
			Version # 02
Approved By: Darcy Heron	Effective Date:	Source Document: Shared Health Transfusion Manual	

Fax or bring completed form to Blood Bank to initiate processing of request.

**Important notes:**

1. For non-bleeding, hospitalized patients:
  - a. Single unit red cell transfusion is the standard
  - b. Additional units will be issued after re-assessment of patient and repeat hemoglobin by clinical team
2. Incomplete forms may result in delay or rejection of request.
3. If TM physician consultation is needed, contact HSC Paging 204.787.2071

An issued red cell unit must be returned to the blood bank within 60 minutes from time of issue.

Transfusion Criteria for stable non-bleeding inpatients only:	
Hemoglobin LESS THAN 70g/L	→ Red cells issued
Hemoglobin BETWEEN 71-80 g/L	→ Order screened
Hemoglobin MORE THAN 81g/L	→ TM Consult required

TO BE COMPLETED BY CLINICAL UNIT

<b>Patient's hemoglobin:</b> _____ g/L	<b>Date:</b> _____	<b>Time:</b> _____
<b>Clinical Unit:</b> _____	<b>Phone # / extension:</b> _____	
<b>Date &amp; Time Required:</b> _____	<b>Ordering Physician:</b> _____	
<b>Diagnosis:</b> _____	<b>Clinical Indication:</b> _____	

**I Patient Condition:**

Does the patient have ongoing, clinically significant bleeding  Yes  No  Unknown

Details: \_\_\_\_\_

**II Red Blood Cells Required:**

<input type="checkbox"/> Routine (must complete Section I)	# of units: _____	For neonatal patients only: Volume (mLs): _____
<input type="checkbox"/> Emergency uncrossmatched	# of units: _____	Volume (mLs): _____
<input type="checkbox"/> Special Transfusion Requirements (e.g. washed, irradiated):		

Red Blood Cell Issuing Information

Transporter Name: _____ <small>(Print)</small>	Issued by (initials): _____	Date: _____	Time: _____
FOR LAB USE WHEN TRANSPORTED BY PNEUMATIC TUBE SYSTEM		Order filled by (Initials): _____	
Red Cells # of Units: _____	Donor Unit: _____		
FOR CLINICAL SITE USE FOR VERIFICATION OR WHEN TRANSPORTED BY PNEUMATIC TUBE SYSTEM			
Complete and return to Facility Blood Bank			
Received by: _____	Date: _____	Time: _____	

Is **Yes** is selected, transfusion criteria will **not** apply regardless of patient's location