



Laboratory Service Manual

Lab Dept: Transfusion Services

Test Name: EMERGENCY TRANSFUSION

General Information

Lab Order Codes: Newborn Type and Screen (BN) - infants ≤ 7 days
Type and Screen (TYAS) - infants 8 days to 4 months and patients >4 months old

Synonyms: Emergency blood; Emergency uncrossmatched blood

CPT Codes: See individual test code listings

Test Includes: No testing before issue, but as soon as possible an ABO and Rh type, antibody screen, antibody identification if indicated, and crossmatch

Logistics

Test Indications: Blood replacement in exsanguinating emergency, massive acute blood loss

Lab Testing Sections: Transfusion Service

Phone Numbers:

Minneapolis: 612-813-6824

Saint Paul: 651-220-6558

Test Availability: Daily, 24 hours

Turnaround Time: Although uncrossmatched O Rh-negative red blood cells can be issued immediately if available, ABO and Rh type can be done in only 5-10 minutes. Antibody screen and crossmatch require as much as 45 minutes - 1 hour, longer if antibodies are detected. The process is much quicker if patient has already had a type and screen.

Special Instructions: An emergency request for uncrossmatched blood should include the signature of physician authorizing the transfusion, name and location of patient. There should also be a statement that the situation was sufficiently urgent to require release of blood before completion of testing.

Specimen

Specimen Type: Whole blood



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Container:	Lavender top (EDTA) tube Alternate tube: Red top tubes will be accepted, but will delay specimen processing to allow for clotting. (SST tubes are Not acceptable.)
Draw Volume:	2 – 6 mL
Collection:	Identify patient by Children’s medical records wristband(s) or Children’s ED identification system specially set up for identifying unconscious or noncommunicating patients in emergencies. Label tube specimen with the same information, including identification number from the wristband; label requisition form with identification number. The specimen label must be signed by the blood collector, indicating that patient’s identity has been verified. Positive identification of patient sample is important, even in an emergency.
Special Processing:	Lab Staff: Refrigerate specimen
Patient Preparation:	Refer to Collection of Patient Specimens for greater details. The patient must be positively identified when the specimen is collected. The label on the blood specimen must correspond with the identification on the patient’s Medical Records band (or ED ID) and on the physician’s/practitioner’s orders. The specimen must be timed, dated and signed by the phlebotomist at bedside.
Sample Rejection:	Non-emergent situations

Interpretive

Limitations:	Uncrossmatched blood issued in life-threatening emergencies holds a greater risk to the patient than crossmatched blood products. The risks of hemolytic transfusion reactions are real in patients who have received previous transfusions and should be carefully weighed against any benefits anticipated.
Methodology:	Type O RBC’s are issued to untyped patients in emergent situations when the patient ‘s condition does not allow time for completion of a crossmatch. A crossmatch will be completed as soon as possible and the patient will be converted to type specific compatible blood products.
References:	Sliva M, Standards for Blood Banks and Transfusion Services, Current Edition, Bethesda, MD: AABB