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 AB0Rh 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:

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<th>Responsible Party</th>
<th>Description of Responsibility</th>
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| Attending Physician/ Surgeon/ Designee                 | - 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 |
| Unit Lead or designee                                  | - 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  
  - 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. |
| Person assigned to communicate with the Transfusion Service | - Calls the Transfusion Service and provides them with the following info:  
  - 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 |
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| Transporter                            | ▶ 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           | ▶ Alerts the TS staff and Supervisor of Emergency Release or MTP  
▶ Assesses the need for assistance  
▶ Prepares RBCs for immediate dispense. These may be:  
  • 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 o 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  
  • 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 | ▶ 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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