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

1. **Request for Release of Red Cells** received in blood bank:
   - Ensure form is complete as per Appendix I below; if form is not complete, either call or return to clinical unit for completion.

<table>
<thead>
<tr>
<th>If patient is from the following location or has a...</th>
<th>Then...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating or Recovery Room</td>
<td>Labour &amp; Delivery</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Massive Transfusion Protocol</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Hemoglobinopathy</td>
</tr>
<tr>
<td>Emergency / Critical Care</td>
<td>Issue unit without delay</td>
</tr>
<tr>
<td>Stable, non-bleeding inpatient</td>
<td>Review request for current admission hemoglobin (hgb) value</td>
</tr>
</tbody>
</table>

2. Ensure request form contains current admission hgb value:
   - If no, search in Delphic or follow up with clinical unit to ensure current admission hgb has been performed.
   - If yes, review hgb value as per Transfusion Criteria.

3. If hgb is...
   - **≤70g/L**
     - Issue one unit
   - **Between 71 – 80g/L**
     - Issue one unit
     - Scan request and email to bloodydocs@sharedhealthmb.ca
     - Ensure ordering physician’s name is legible
   - **≥81g/L**
     - Call clinical unit stating TM Consult required; provide name and number of TM physician on-call or number for HSC paging, 204 787 2071
     - TM physician on-call will notify blood bank if transfusion is approved or denied. Proceed to Step 4.
     - Complete TM Physician Consult form, F160-ADM-01, and fax to TM Office
     - For eTL sites, do not enter request or issue unit until approval provided by TM Physician

4. **Hgb ≥81g/L**, Capturing Outcome of TM – Ordering Physician Consult

   **APPROVED and Request from...**
   - Enter request and issue as per 160-TL-02
   - In eTL click Comment button and free text “Order approved by TM physician [name]”

   **Non-eTL site (unit provided by hub site/CBS)**
   - Write “Order approved by TM physician [name]” on Request for Release
   - Complete request as per 160-INV-15

   **DENIED and Request from...**
   - Ensure request has not been entered and unit has not been issued:
     - If request is entered prior to notification from TM physician transfusion denied, request must be cancelled in eTL as per 160-TL-02
     - If unit is issued prior to notification from TM physician transfusion denied, return to inventory as per 160-TL-10
     - On Request for Release indicate “Order Cancelled as per TM physician [name]”
     - Discard Request for Release as per site policy

   **Non-eTL site (unit provided by hub site/CBS)**
   - Write “Order Cancelled” on Request for Release
   - 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).”
   - Complete process as per 160-INV-15

**Complete TM Physician Consult form for all requests where Hgb is ≥81g/L indicating whether transfusion was approved or denied.**
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.

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**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 70 g/L** → Red cells issued
- Hemoglobin BETWEEN 71-80 g/L → Order screened
- Hemoglobin **MORE THAN 81 g/L** → TM Consult required

**TO BE COMPLETED BY CLINICAL UNIT**

<table>
<thead>
<tr>
<th>Patient's hemoglobin (g/L)</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Clinical Unit:</th>
<th>Phone # / extension:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date &amp; Time Required:</th>
<th>Ordering Physician:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Diagnosis:</th>
<th>Clinical Indication:</th>
</tr>
</thead>
</table>

**Patient Condition:**

Does the patient have ongoing, clinically significant bleeding?

- [ ] Yes
- [ ] No
- [ ] Unknown

**Details:**

**Red Blood Cells Required:**

- [ ] Routine (must complete Section I)
- [ ] Emergency unmatching
- [ ] Special Transfusion Requirements (e.g. washed, irradiated)

**Red Blood Cell Issuing Information**

**Transporter Name:** [ ] Issued by (initials): [ ]

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
</table>

**For Lab Use: When transported by pneumatic tube system**

<table>
<thead>
<tr>
<th>Red Cells</th>
<th>Donor Unit</th>
<th># of Units</th>
<th>Volume (mLs):</th>
</tr>
</thead>
</table>

**For Clinical Use: Use for verification when transported by pneumatic tube system**

<table>
<thead>
<tr>
<th>Red Cells</th>
<th># of Units</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
</table>

Received by [ ] Date: [ ] Time: [ ]