

2. CLINICAL MANAGEMENT GUIDELINE

F. Emergency Blood Release

OBJECTIVE: To have blood available for all Level 1 Trauma Activations within 15 minutes

DEFINITION: Emergency Blood Release will be defined as 2 Units Red Blood Cells

Guidelines:

1. With all Level I trauma activations, the Emergency Department Clerk notifies the Blood Bank by phone of the patient's full name and medical record number. The patient's actual (not assigned) age and sex shall also be provided to the Blood Bank as soon as possible.
2. Blood Bank staff will dispense two (2) emergency release RBC units via pneumatic tube to the trauma bay followed by a phone call to the trauma bay notifying the Trauma/Emergency Department staff of the delivery.
3. Any additional blood components may be requested by a phone call to the Blood Bank.
4. Courier will immediately arrive to trauma bay for each trauma activation. They must follow instructions by Trauma/Emergency Department and Blood Bank teams.
5. In the setting of pneumatic tube failure, the blood components will be delivered by Courier or patient care team member. A completed paper Release Form for Blood and Blood Products labeled with patient's full name and medical record number must be presented to the Blood Bank when picking up blood component(s).
6. Trauma/Emergency Department staff are responsible for retrieving the blood components from the pneumatic tube or Courier.
7. A completed Request for Emergency Release Blood / Massive Transfusion Protocol form signed by the patient's attending physician will be sent to the Blood Bank by fax or Courier. The provision of requested blood components should not be delayed while waiting for the form completion.
8. An appropriately labeled pink or purple top (EDTA) tube specimen shall be sent to the Blood Bank as soon as possible. The provider shall order a Type and Screen test through the CPOE or using the paper Request for Blood Bank Laboratory Tests form. (A second pink/purple EDTA tube shall be requested if the patient has no historical ABO type in the Blood Bank.)
9. Trauma/Emergency Department staff are responsible for sending the blood component(s) back to the Blood Bank immediately if decided by the Trauma/Emergency Department attending to be not used.

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