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| Emergency use group O red blood cells – policy and use audit |
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| OFFICIAL |

This document is designed to assist health services audit their policy and adherence to policy regarding the use of emergency group O red blood cells (RBC).

The blood management committee (or equivalent) may assist in identifying the most suitable person/s to undertake the audit and prepare the report. This may include representatives from within both the transfusion laboratory and clinical area to ensure full evaluation of health service policy.

Refer to Blood Matters communique [**Recommendations for emergency group O red blood cell use in Victoria**](https://www.health.vic.gov.au/patient-care/emergency-use-of-group-o-red-blood-cells)(January 2023) and [**Guidelines for the Use of Group O RhD negative red cells**](https://www.lifeblood.com.au/health-professionals/clinical-practice/use-of-blood-components/use-of-group-o-rhd-negative-red-cells) (Australian Red Cross Lifeblood, endorsed by the National Blood Transfusion Committee, 2008) for further information.

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|  | **Transfusion laboratory** | **Organisation wide** |
| **Audit conducted by** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Role within health service** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Time frame audited** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Health Service campus** *(if applicable)* | Click or tap here to enter text. | Click or tap here to enter text. |
| **Is your blood bank/transfusion laboratory onsite?** | Choose an item. | Choose an item. |
| **Is your blood bank/transfusion laboratory an external provider?** | Choose an item. | Choose an item. |
| * If yes, who is your external pathology provider?
 | Click or tap here to enter text. | Click or tap here to enter text. |
| **Do multiple pathology providers supply emergency use group O RBC to your health service?** | Choose an item. | Choose an item. |
| **Does your pathology provider routinely supply emergency use group O RBC to other health/prehospital services?** | Choose an item. | Choose an item. |

**Emergency use group O RBC policy audit**

The following policy audit explores if there is a policy, and what is included. There may be more than one policy within an organisation, such as an organisation wide policy and a transfusion laboratory policy. To enable a full evaluation of the policy it may be helpful to involve a representative from each area.

### Does your health service have a policy relating to emergency use group O RBC?

Choose an item.

#### If yes, does it include?

|  | **In transfusion laboratory** | **Organisation wide** |
| --- | --- | --- |
| When it is **appropriate** to use emergency group O RBC? | Choose an item. | Choose an item. |
| **How to access** emergency use group O RBC? | Choose an item. | Choose an item. |
| **Who to communicate with** regarding the need for emergency group O RBC? | Choose an item. | Choose an item. |
| When to obtain a **specimen** for **pretransfusion testing?** | Choose an item. | Choose an item. |
| * Does it include taking a specimen for pretransfusion testing prior to transfusing group O emergency use RBC?
 | Choose an item. | Choose an item. |
| * Does it include taking the specimen and sending to the laboratory as soon as possible?
 | Choose an item. | Choose an item. |

**Type of emergency use group O RBC**

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|  | **In transfusion laboratory** | **Organisation wide** |
| When to use **O RhD negative** RBC for patients with unknown blood groups? | Choose an item. | Choose an item. |
| When to use **O RhD positive** RBC for patients with unknown blood groups? | Choose an item. | Choose an item. |
| When to transition from **O RhD negative** to **O RhD positive** RBC? | Choose an item. | Choose an item. |
| * In females ≤50 years and males ≤18 of unknown blood group
 | Choose an item. | Choose an item. |
| * + How many units of O RhD negative are given before switching to O RhD positive? *(if applicable)*
 | Click or tap here to enter text. | Click or tap here to enter text. |
| * For patients who are O RhD negative who have received several units of O RhD negative RBC
 | Choose an item. | Choose an item. |
| * + How many units of O RhD negative are given before switching to O RhD positive? *(if applicable)*
 | Click or tap here to enter text. | Click or tap here to enter text. |

**Group specific/crossmatch compatible RBC**

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| --- | --- | --- |
|  | **In transfusion laboratory** | **Organisation wide** |
| When to transition from emergency use group O RBC to **group specific** RBC? | Choose an item. | Choose an item. |
| Comments: | Click or tap here to enter text. | Click or tap here to enter text. |
| When to transition from emergency use group O RBC to **crossmatch compatible** RBC? | Choose an item. | Choose an item. |
| Comments: | Click or tap here to enter text. | Click or tap here to enter text. |
| **Return of unused emergency use** group O RBC to appropriate storage/transfusion laboratory as soon as **group specific** RBC or **crossmatch compatible** RBC are available? | Choose an item. | Choose an item. |
| Comments: | Click or tap here to enter text. | Click or tap here to enter text. |

The importance of **communication** with transfusion laboratory regarding:

|  |  |  |
| --- | --- | --- |
|  | **In transfusion laboratory** | **Organisation wide** |
| Providing clinical details and patient information? | Choose an item. | Choose an item. |
| Ongoing blood requirements? | Choose an item. | Choose an item. |
| Transfer of patient to another health service? *(If applicable)* | Choose an item. | Choose an item. |
| Activation of massive transfusion protocol (MTP)/critical bleeding protocol?  | Choose an item. | Choose an item. |
| Stand-down of MTP/critical bleeding protocol? | Choose an item. | Choose an item. |

**Review** of **appropriateness** of use

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|  | **In transfusion laboratory** | **Organisation wide** |
| **Regular review** of **appropriateness** of emergency group O RBC use? | Choose an item. | Choose an item. |

### Is education provided about the use of emergency group O RBC?

Choose an item.

#### If yes, does it include education about:

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| --- | --- | --- |
|  | **In transfusion laboratory** | **Organisation wide** |
| O RhD negative RBC must be preserved for those who need it most? | Choose an item. | Choose an item. |
| Group O emergency use RBC are for emergencies only? | Choose an item. | Choose an item. |
| O RhD negative emergency use RBC are not without risk – they are not “universally safe” for everyone?  | Choose an item. | Choose an item. |
| That benefits must outweigh the risks of giving emergency use RBC? | Choose an item. | Choose an item. |
| The importance of taking/receiving blood samples to provide the most suitable transfusion support? | Choose an item. | Choose an item. |

## Inventory management

### Is there a policy/strategy in place to minimise the use of emergency use group O RBC to prevent time expiry?

Choose an item.

#### If yes, does it include:

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|  | **In transfusion laboratory** | **Organisation wide** |
| Regular review of **inventory levels** of all ABO and RhD blood groups | Choose an item. | Choose an item. |
| Inclusion of emergency use group O RBC in **BloodNet inventory counts** | Choose an item. | Not applicable |
| The requirement to **rotate** (return to laboratory or move to a larger laboratory) group O emergency use RBC **to prevent time expiry?** *(If applicable)* | Choose an item. | Choose an item. |
| * If yes, how many days prior to date of expiry is rotation expected (e.g., 7, 10, 14 days prior to expiry)
 | Click or tap here to enter text. | Click or tap here to enter text. |

### The location and number of group O RBC supported by your health service, including emergency use

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| --- | --- | --- |
| **Location of RBC** | **Number of O RhD negative RBC held** *(Including special requirements, e.g., irradiated, CMV negative)* | **Number of O RhD positive RBC held** *(Including special requirements, e.g., irradiated, CMV negative)* |
| Laboratory inventory, i.e., all group O RBC held in transfusion laboratory | Click or tap here to enter text. | Click or tap here to enter text. |
| Emergency use stock - in laboratory | Click or tap here to enter text. | Click or tap here to enter text. |
| Emergency use stock – in emergency department | Click or tap here to enter text. | Click or tap here to enter text. |
| Emergency use stock – in theatre | Click or tap here to enter text. | Click or tap here to enter text. |
| Emergency use stock – off-site (please specify) | Click or tap here to enter text. | Click or tap here to enter text. |
| Emergency use stock – other location (please specify) | Click or tap here to enter text. | Click or tap here to enter text. |

#### Emergency use group O RBC practice audit

### Has an audit been done to assess the adherence to your policy?

Choose an item.

#### If yes:

|  | **In transfusion laboratory** | **Organisation wide** |
| --- | --- | --- |
| How does practice compare to policy? | Comments:Click or tap here to enter text. | Comments:Click or tap here to enter text. |
| Are there gaps in practice? | Comments:Click or tap here to enter text. | Comments:Click or tap here to enter text. |
| If practice did not comply with the policy were barriers identified? | Comments:Click or tap here to enter text. | Comments:Click or tap here to enter text. |

**If no,** regular review and audit of adherence to policy is recommended and will assist in compliance with standards and guidelines.

## Other comments:

Click or tap here to enter text.

### Appropriateness of use of emergency group O RBC audit tool

**This audit tool is available in an Excel spreadsheet format for data entry.**

**RBC unit**

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| --- | --- | --- | --- |
| **Audit number** | **1** | **2** | **3** |
| Unit blood **donation number**  |  Click or tap here to enter text. | Click or tap here to enter text.  | Click or tap here to enter text.  |
| Unit blood **group** O RhD negative or O RhD positive | Choose an item. | Choose an item. | Choose an item. |
| Unit **expiry date**  | Click or tap to enter a date.  |  Click or tap to enter a date. | Click or tap to enter a date.  |
| **Date of transfusion or discard** |  Click or tap to enter a date. |  Click or tap to enter a date. |  Click or tap to enter a date. |
| Was the **unit transfused**? | Choose an item.  | Choose an item. | Choose an item. |
| * If not transfused, what was its BloodNet fate?
 | Choose an item. | Choose an item. | Choose an item. |

**Please answer all questions below if unit was transfused:**

*If unsure, check with local transfusion laboratory.*

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| --- | --- | --- | --- |
| **Audit number** | **1** | **2** | **3** |
| Patient **sex** |  Choose an item. |  Choose an item. | Choose an item.  |
| Patient **age** at transfusion |  Click or tap here to enter text. | Click or tap here to enter text.  | Click or tap here to enter text.  |
| Patient **ABO group** | Choose an item.  | Choose an item.  | Choose an item.  |
| Patient **RhD group** |  Choose an item. | Choose an item.  | Choose an item.  |

**Prior to transfusion** of emergency use group O RBC:

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| **Audit number** | **1** | **2** | **3** |
| * Did the patient have immune/allo **anti-D antibodies**?
 | Choose an item.  | Choose an item. | Choose an item. |
| * Did the patient have immune/allo **other Rh antibodies** (e.g., anti-C, anti-e)?
 | Choose an item. | Choose an item. | Choose an item. |
| * + If yes, state which Rh antibody/antibodies present
 | Choose an item. | Choose an item. | Choose an item. |
| * Did the patient have immune/allo **other antibodies** (e.g., anti-K, anti-Jka)
 | Choose an item. | Choose an item. | Choose an item. |
| * + If yes, state which other antibodies present
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Primary reason emergency group O RBC** selected |  Choose an item. | Choose an item. | Choose an item. |
| * If other, please state
 | Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap here to enter text.  |
| * If there is a **specific phenotype requirement**, is the patient **transfusion dependent** (e.g., haemoglobinopathies, aplastic anaemia, myelodysplasia)? *(if applicable)*
 | Choose an item. | Choose an item. | Choose an item. |

**Emergency transfusion episode**

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| **Audit number** | **1** | **2** | **3** |
| Was **THIS** unit part of a **massive transfusion protocol (MTP)** or **critical bleeding** scenario? | Choose an item.  | Choose an item.  |  Choose an item. |
| Was the **blood group of the patient known prior to issue** of THIS unit? | Choose an item.  | Choose an item.  | Choose an item.  |
| **How many units of O RhD negative RBC** were transfused in THIS episode? | Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap here to enter text.  |
| **How many units of O RhD positive RBC** were transfused in THIS episode? |  Click or tap here to enter text. |  Click or tap here to enter text. | Click or tap here to enter text.  |
| **Total number of RBC units transfused** (including O RhD negative and O RhD positive emergency use RBC) in THIS episode? | Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap here to enter text.  |
| What **clinical speciality** was the patient |  Choose an item. | Choose an item. | Choose an item. |
| * If other, please state
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Was a** **repeat group and screen (GS)** performed **AFTER transfusion** of emergency use group O RBC? *If unsure, check with local transfusion laboratory.* | Choose an item. | Choose an item. | Choose an item. |
| * If yes, did the patient have immune/allo **anti-D antibodies**?
 | Choose an item.  | Choose an item.  | Choose an item. |
| * Or if yes, did the patient have immune/allo **other Rh antibodies** (e.g., anti-C, anti-e)?
 | Choose an item. | Choose an item. | Choose an item. |
| * + If yes, state which Rh antibody/antibodies present
 | Choose an item. | Choose an item. | Choose an item. |
| * Or if yes, did the patient have immune/allo **other antibodies** (e.g., anti-K, anti-Jka)?
 | Choose an item. | Choose an item. | Choose an item. |
| * + If yes, state which antibody/antibodies present
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Was the **correct emergency use group O RBC type selected** for this patient (according to health service policy)?*If unsure it may be appropriate to consult your blood management/transfusion committee.*  | Choose an item. | Choose an item. | Choose an item. |
| * If no, what was the reason for selecting this unit?
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other comments | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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