



e-*Network Forum*

CALIFORNIA BLOOD BANK SOCIETY

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Reconciling concerns about volume overload in sensitive neonates with the regulatory requirement to complete blood infusions within 4 hours

A blood banker in Southern California reports she recently discovered that for many years the practice at her pediatric hospital has been to **infuse FFP and RBCs over a period of 6 hours rather than 4 hours to certain neonatal recipients** (primarily ECMO babies). The current Circular of Information reads as follows 'Transfusion **should be completed within 4 hours** and prior to component expiration. If it is anticipated that blood or components cannot be infused in 4 hours, they should be divided and stored appropriately in the blood bank until needed'. The inquiring blood banker admits that their local practice deviates from the 4 hour recommendation in the Circular of Information. In addition, she comments that their practice deviates from their own written blood administration SOP. She laments that changing their practice to limit blood product infusions from 6 hours to 4 hours will probably be a battle, since the 6 hour infusion practice has been in place for such a long time without being challenged. The inquiring blood banker wonders if other facilities allow FFP and RBC transfusions to infuse over 6 hours, when transfusing neonatal ECMO patients.

Editor's Note: Members may wish to review a [recent discussion](#) on this issue in the archives of the e-*Network Forum*.

In response to the above question, the following replies were submitted.

1. **A transfusion medicine physician in Northern California** reports that he can confirm that, on a number of occasions, a community blood collection center has divided units designated for transfusion into neonatal ECMO patients prior to shipping them, so that each individual, divided portion might be transfused within the 4 hour time limit. That same community blood collection center has followed similar practice for other patients e.g., splitting RBC units that are intended for transfusion into small, volume-sensitive patients; splitting plateletpheresis units intended for bleeding, platelet transfusion refractory patients expected to need prolonged "platelet drip" support.

ADDENDA Sept. 20, 2002

2. **A transfusion medicine physician in Texas** reports that at a large pediatric hospital in her community, they routinely issue blood which is intended for transfusion within 4 hours. This can be done by splitting units into smaller bags, using syringe sets, etc. **A sterile connecting device** is a boon in these circumstances. The Texan thinks it would be difficult to justify hanging a small volume of blood for 6 hours, when the temperature will clearly change and the risk of bacterial contamination is well known to us all. Units can always be divided into a volume that can be transfused in 4 hours.

ADDENDA Sept. 26, 2002

3. **The inquiring blood banker** (from Southern California) has provided this happy follow-up: "You will be pleased to know that our maximum infusion time for ECMO units has now been decreased to 4 hours. The ECMO team leader is 100% supportive of the change, thanks to the input from this forum!"

Please submit comments to the [e-*Network Forum*](#).

Ira A. Shulman, MD
CBBS e-*Network Forum* Editor & Moderator



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Posted: September 19, 2002

Addenda: Sept. 20 & 26, 2002