

## MD Notification Guidelines

### Transfusion Service Items

- 1 The following items require IMMEDIATE Medical Director notification. If he/she is not immediately available, then he/she must be paged.
  - 1.1 ANY positive finding in a transfusion reaction investigation including, but not limited to:
    - 1.1.1 Clerical error resulting in the wrong unit transfused to patient(s)
    - 1.1.2 Hemolysis in post transfusion blood sample
    - 1.1.3 Hemolysis noted in red cell unit or infusion tubing returned for the transfusion reaction investigation.
    - 1.1.4 Positive direct coombs test in post transfusion blood sample
    - 1.1.5 Evidence of bacterial contamination of unit
    - 1.1.6 Suspected TRALI
    - 1.1.7 Hemoglobin present in post-transfusion spun urine sample (if performed as part of extended investigation)
  - 1.2 ANY emergent release of blood with possible incompatible transfusions:
    - 1.2.1 Positive antibody screen or ABO discrepancy unresolved prior to transfusion (i.e. emergency surgery or life-threatening need for transfusion)
    - 1.2.2 Incompatibility detected after emergency release of uncrossmatched blood
    - 1.2.3 Red cell transfusion to patients with warm auto immune hemolytic anemia
  - 1.3 Unavailability of Rho negative red cell or platelet components for Rho negative recipient, particularly when the recipient is of child-bearing age.
  - 1.4 Requests for further transfusions immediately following any transfusion reaction investigation
- 2 The following items require notification of the Medical Director as soon as it is feasible.
  - 2.1 Unusual or excessive blood component requests
  - 2.2 Unavailability of blood components requested due to :
    - 2.2.1 Regional or local blood shortages
    - 2.2.2 Incompatibilities due to red cell allo or auto antibodies.