



INODAYA Hospitals - Kakinada

Documentation code:

INH/COP .Doc.No:16

Policy On Availability & Transfusion Of Blood, Blood Components In Emergency

Prepared Date: 11/11/2025

Reference: COP.o8.f,g & h. NABH Standards –6th Edition

Issue date: 11/11/2025

Issue no:1

Review NO:00

Review Date: 10/11/2026

1. PURPOSE

1.1. Normally blood bank (with which we have MOUs) maintains minimum stock of all blood components of all blood groups. They have defined protocols to serve our patients in critical situations so that no patient dies without getting blood/components in time. But sometimes there may be shortage of blood components of any particular blood group. In these cases, if we require blood component in emergency conditions, we switch over to alternate blood group rather than to wait for that particular blood group. Sufficient references are available to use alternate blood groups safely. The purpose of the policy is to define the protocols we follow in choosing alternate blood groups in emergency.

2. SCOPE

2.1. This Policy and Procedure is applicable to all Patient care areas across of INODAYA-Kakinada & concerned blood banks with which we have defined MOUs

3. DEFINITION

3.1. MOU: Memorandum Of Understanding

4. RESPONSIBILITIES

4.1. Doctors, Nurses, Blood bank transport team, Blood bank staff are responsible to render support for proper coordination with regards to procuring blood/blood products in emergency.

5. POLICY

5.1. EMERGENCY REQUIREMENT OF BLOOD COMPONENTS

5.1.1. Many times the treating doctor feels (based on clinical condition of patient) that delay in transfusion may jeopardize the life of patient. In such cases doctor may bypass the routine protocols and ask blood/blood components without completing routine pre-transfusion work up.

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Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive officer	Managing Director



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5.1.2. Routinely Whole Blood/Red Blood Cells require cross match so this policy applicable to only these products. Plasma and Platelets don't need cross match and blood bank issue these components whenever request comes.

5.1.3. Hospital has defined different categories of requirement of blood/components –

5.1.3.1. Planned – we don't have any urgency for transfusion and need blood/component with complete pre-transfusion work up (up to 4 hours we can wait)

5.1.3.2. Urgent– We want blood bank to process our request on priority basis but with complete pre-transfusion work up (up to 2 hours we can wait)

BLOOD AND BLOOD PRODUCTS FOR USE IN EMERGENCY SITUATIONS:

5.1.3.3. **Emergency– We ask Whole Blood/Red Blood Cells depending on the time available for us based on clinical condition of patient –**

a. **Time available is one hour – We ask blood bank to do abbreviated cross match to provide us product within one hour.**

b. **Time available is half an hour – We ask blood bank to do rapid blood group and give blood/blood component, group to group without cross match**

c. **Time available is 15 minutes – We ask blood bank to issue O Negative Red Blood Cells without doing blood group of patient and cross match**

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ISSUE OF BLOOD IN EMERGENCY CONDITIONS	SALINE CROSS MATCHING	30 MINUTES
WRITTEN REQUEST & DETAILS OF THE CONDITION FROM TREATING DOCTORS	“O” BLOOD IN EXTREME EMERGENCY	30 MITES

Note: -

1. It is our understanding with blood bank that as per FDA rules, blood bank performs complete pre-transfusion work up including grouping and cross matching after issuing blood in Emergency conditions and if any discrepancy found, they inform to the treating doctor
2. It is our policy to take informed consent of patient /relative before transfusion. We also inform them (if any) about blood needed in emergency condition without completing routine pre-transfusion workup.
3. In Emergency requirement of blood/components, the concerned departmental junior residents/ward residents/ICU residents/ CMO communicates through phone with the concerned blood bank to provide blood/component as per category mentioned and the priority status of the commitment time
4. It is applicable for Plasma and Platelets also. The priority status related to the blood requirement is also mentioned in the blood requisition form for documentation of the emergent requirement.
5. Post transfusion form is collected and analyzed for any reactions if any.
6. The analyzed data was used for any Corrective and preventive actions.

5.2. ALTERNATE BLOOD GROUPS FOR TRANSFUSION

5.2.1.Introduction: -

5.2.1.1.ABO blood grouping system has 4 different types of blood groups.

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5.2.1.2. The classification depends on the presence or absence of A and/or B or none antigen on red cell.

5.2.1.3. Individuals lacking the ABO antigens have corresponding antibody in their serum

5.2.1.4. ABO antigens are present on membranes of red cells, epithelial cells, endothelial cells, in plasma, in most of the body fluids like saliva, milk and urine, but not in CSF.

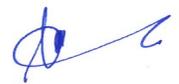
Blood Group	Antigen on red cell	Antibodies in serum
A	A	B
B	B	A
AB	A & B	None
O	None	A & B

5.2.1.5. Rh grouping system contains mainly two groups Rh-Positive and Rh Negative, depending upon the presence of absence of Rh antigen respectively

5.2.1.6. Rh antigen presents only on red cell membrane

5.3. BLOOD GROUPS THAT CAN BE TRANSFUSED: -

Patient Group	RCC	FFP / CPP	Cryo	Platelets
O Positive (OP)	OP / ON	Any Group	Any Group	<ul style="list-style-type: none">➤ Any group can be given if no red cell contamination➤ For contaminated units, ABO
O Negative (ON)	ON			

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A Positive (AP)	AP / AN / OP / ON	A / AB	<p>& Rh compatible units should be given after cross match</p> <ul style="list-style-type: none">➤ Preferably should be Rh compatible➤ For large demands, should be ABO compatible➤ In children ABO & Rh group specific Platelets should be given preferably.➤ Small Children may require platelet to be volume reduced
A Negative (AN)	AN / ON		
B Positive (BP)	BP / BN / OP / ON	B / AB	
B Negative (BN)	BN / ON		
AB Positive (ABP)	Any Group		
AB Negative (ABN)	Any Negative Group	AB	

Note:

- 1.No Rh consideration for FFP / CPP
- 2.Single Donor Platelet (SDP) should be transfused group to group (both ABO as well as Rh).

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