

**BLOOD SCIENCES  
DEPARTMENT OF BLOOD TRANSFUSION**

Title of Document: Dealing with urgent blood requests for patients with antibodies (known or unknown) including PAD  
Q Pulse Reference N<sup>o</sup>: HA/BB/F/174  
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Version N<sup>o</sup>: 2

**START**

**Ask** - "Can you wait 1 hour for crossmatched blood (or from when the sample arrives if not already in the lab), but it still may be incompatible depending on what we discover?"

Yes

Select ABO (O if only one sample), D, Rh, K matched and antigen negative if known or random\* units and set up XM and panel.

If incompatible or antibody identified shows dosage, and the selected units are not antigen negative then return to the start of this flow chart

No

**Ask** - "Can you wait 15 - 20 minutes for un-crossmatched blood. If transfused, there is a risk of a reaction"

Yes

Select ABO or group O if only one sample, D, Rh, K matched and antigen negative if known and available or random\* units and issue as blue light (group O only) or un-crossmatched for ABO matched depending on sample authorisation. Retain a segment of the pilot tube/pig tail to set up retrospective XM ASAP. Set up a panel on the patient.

Then

Lab to inform Haematologist<sup>!</sup> as soon as possible after blood has been issued. Complete the crossmatch on the pigtail vs patient sample and inform clinicians of outcome.

<sup>!</sup> If sample has been processed is still valid and antibody identified, only contact Haematologist if blood is not antigen negative. Then advise the clinical team to consider corticosteroid +/- Ivlg.

No

Instruct them to take the emergency stock from the nearest blood fridge and **say** "there is a risk of a reaction with those units and the patient must be monitored and consider corticosteroid +/- Ivlg"<sup>\*\*</sup>.

Then

Lab to inform a Haematologist as soon as possible after blood has been issued and provide full details and antibody and unit antigen status. And that the clinical team has been told "there is a risk of a reaction and to consider corticosteroid +/- Ivlg".

**\*If unknown antibodies or unconfirmed, use the 3 cell screen to "best predict" possible antibodies & if available select antigen negative units.**

**\*\*If the antibody is known check if the emergency stock was antigen negative and inform the clinical team and Haematologist of a possible reaction**

**Antigen selection D >c >C >E >e >K (k) >Jk<sup>a/b</sup> >Fy<sup>a/b</sup> >S/s(U) >M >N.** Antibodies not considered clinically significant- C<sup>w</sup>, Kp<sup>a</sup>, N, P1, Le<sup>a</sup>, Le<sup>b</sup>, Lu<sup>a</sup>,