

Laboratory News

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BABESIA MICROTI IGG ANTIBODIES BY IFA TO BE RETIRED

Thomas Novicki, PhD, DABMM, Clinical Microbiologist

Marshfield Labs recommends **Babesia microti, Nucleic Acid Test** for the diagnosis of acute babesiosis. Since the introduction of this nucleic acid test, the number of tests ordered using Immunofluorescence Assay (IFA) has declined. Therefore, the test **Babesia Microti IgG Antibodies, IFA** will be retired on November 16, 2015.

The detection of anti-Babesia antibodies may be warranted in rare situations, e.g., screening blood donors or other individuals with very low or sporadic parasitemia. They also may have a role in epidemiologic studies. Please contact Marshfield Labs Customer Service for ordering information.

The **Babesia Smear** will remain available. It can provide a rapid diagnosis and an estimate of parasitic burden. It is also a useful rapid adjunctive test for the diagnosis of malaria as well as babesiosis.

For more information on the babesiosis **Nucleic Acid Test**, see our article in <u>Laboratory News</u>, vol. 35, <u>published in June 2012</u>.

QUESTIONS

Test information is available in Marshfield Labs' <u>Test Reference</u> Manual.

For Clinical and Technical information contact:

- Thomas Fritsche, MD or Thomas Novicki, PhD
- Marshfield Labs Customer Service
- Phone number: 800-222-5835.





POLICY CHANGES AND NEW TEST CODES FOR COLLECTION OF BLOOD BANK SAMPLES FOR ELECTIVE SURGERY PATIENTS

Kathy Puca, MD, Transfusion Service; Gene R. Shaw, MD, Clinical Pathology

POLICY CHANGES

Effective October 26, 2015, Marshfield Labs Transfusion Service will be implementing *two* new policies related to sample collection for **Type and Screen/Crossmatch** orders for elective surgical patients admitted to Ministry St. Joseph's Hospital and Marshfield Clinic Ambulatory Surgery Centers:

- 1. Elective surgical patients may have **Type and Screen/Crossmatch** collected up to 30 days prior to their planned surgery. The sample will be "good" as long as the patient has NOT been transfused or pregnant (if female) during the 3 months prior to the day of surgery.
- 2. Separate Blood Bank (BB) patient identification (ID) armbands (currently generated at time of sample collection for **Type and Screen/Crossmatch** orders in the outpatient setting) will no longer be used.

Historically, elective surgery patients through the Clinic and Ministry St. Joseph's Hospital had a sample drawn, if indicated, for **Type and Screen** or **Type and Crossmatch** within 3 days of the scheduled procedure or more often on the day of surgery. Extending the time when a patient can be drawn for preop **Type and Screen/Crossmatch** is being implemented for several reasons:

- Ensure testing is complete and blood products available PRIOR to patient being in the OR.
- Improve patient safety by having "right" blood available at "right" time.
- Improve patient satisfaction.
- Improve efficiencies and cost savings.

As part of the process change, the following information will need to be obtained during the presurgical evaluation and answered on the ordering screens:

- Has this patient been transfused in the preceding 3 months?
 - --> Select: "No", "Unknown", or "Yes"
- If female, has the patient been pregnant in the preceding 3 months?
 - --> Select: "No", "Unknown", or "Yes"

If the answer to either question is "Yes" or "Unknown", the patient will need to have the **Type and Screen** drawn no sooner than 3 days prior to the day of surgery or repeated when patient arrives on day of surgery. Patients who have been recently transfused or pregnant are at risk for red cell sensitization and new antibody formation. Therefore, these samples need to be collected within 3 days of the planned or anticipated transfusion to detect red cell antibodies and allow selection of compatible RBCs.

NEW TEST CODES

Two new test codes (in COM only) have been developed to support these policy changes and



better communicate blood product needs for elective surgical patients to the Transfusion Service:

- **ASC Type and Screen** for Clinic ASC patients (new test code). Includes information needed by Transfusion Service to provide ordered RBCs for procedures at a Marshfield Clinic ASC (Eau Claire, Marshfield, or Wausau). See **Figure 1** on page 4.
- Type & Screen/Preop-OP Tx(Mfd) for outpatient or pre-op testing for patients only seen at Marshfield Center. This is a revision of the current "Type & Screen(Armband Pt-Mfld)". See Figure 2 on page 5. Questions and drop down selections are similar to the "ASC Type and Screen" order. Orders for having Apheresis Platelets and Plasma on hold are included for the more complex surgeries occurring in the hospital setting. In addition, "Type & XMatch(Armband Pt-Mfld)" will be retired.

ELIMINATION OF BLOOD BANK PATIENT ID ARMBANDS AT TIME OF COLLECTION

Collection of **Type and Screen/Crossmatch** testing on outpatients (either as part of preoperative surgical testing or outpatient transfusion) has involved the placement of a separate patient ID armband and the patient instructed not to remove it. Similar ID armbands have been instituted at many facilities as a perceived safety measure to prevent mistransfusion. However, a separate Blood Bank armband does not eliminate mislabeling of samples or misidentification of the intended transfusion recipient at the time of blood administration. With the implementation of bar code scanning for a variety of processes in providing care to patients, separate BB ID armbands are unnecessary and often inaccurate, or are missing key information for identifying the patient during the verification process for a blood transfusion.

With the implementation of the new sample collection policy for elective surgical patients, the separate patient ID armbands generated at time of phlebotomy **will no longer be used.** Hospital/Clinic ID bands will continue to be used for the verification process when identifying the patient at the time of transfusion.

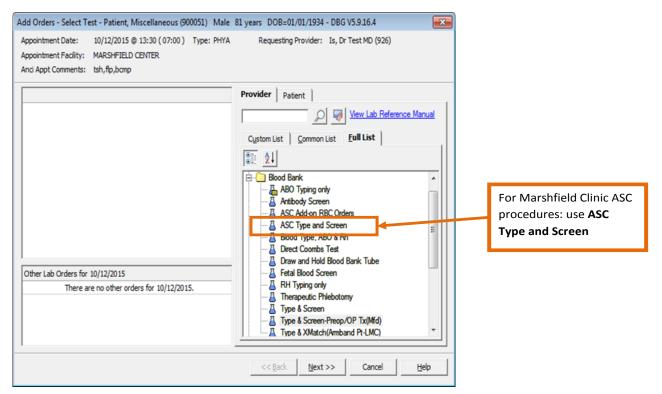
QUESTIONS

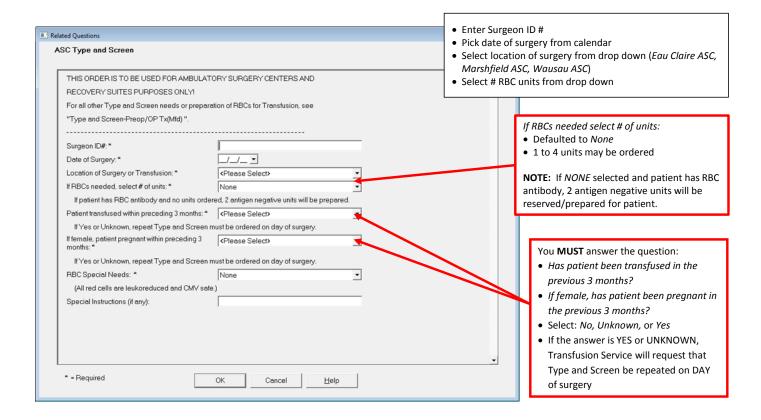
Test information is available in Marshfield Labs' <u>Test Reference Manual</u>. For Clinical and Technical information contact:

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- Marshfield Labs Transfusion Service Staff
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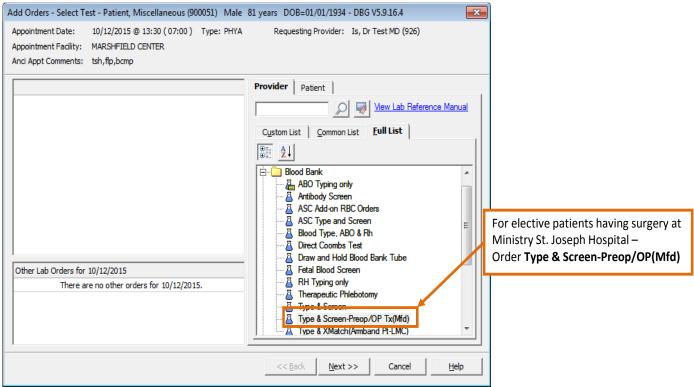
Figure 1. For Patients having Surgery at Marshfield Clinic ASCs (Eau Claire, Marshfield, Wausau):





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Figure 2: For Patients Seen at Marshfield Center and Elective Surgery Scheduled at Ministry St. Joseph Hospital:



ATTENTION: This order is to be used for patients presenting at Marshfield Clinic-Marshfield Center only! THIS ORDER IS TO BE USED FOR OUTPATIENT RBC TRANSFUSION OR PREOP TESTING. (NON-ASC SURGERY!) This is only for preparation of products. Additional order for transfusion is required. Provider ID#: (free text box) Expected Date of Transfusion or Surgery: (dropdown calendar) Location of Transfusion or Surgery: (free text box) Enter NA if Not Applicable. If RBCs needed, select # of units: (dropdown box - default is None) If order is for anticipated surgery and patient has RBC antibody and no units ordered, 2 antigen negative units will be prepared. Patient transfused within preceding 3 months: (dropdown box) If Yes or Unknown, repeat Type and Screen must be ordered on day of surgery. If female, patient pregnant within preceding 3 months: (dropdown box) If Yes or Unknown, repeat Type and Screen must be ordered on day of surgery. RBC Special Needs: (dropdown box – default is None) (All red cells are leukoreduced and CMV safe.) If Apheresis platelet or Plasma needed day of surgery, select # of units to be available. Apheresis platelet (SDP): (dropdown box - default is None) Additional order for transfusion is required. Plasma: (dropdown box - default is None)

You **MUST** answer the questions:

- Has patient been transfused in the previous 3 months?
 - Select: No, Unknown, or Yes
- If female, has patient been pregnant in the previous 3 months?
 - Select: No, Unknown, or Yes
- If the answer is YES or UNKNOWN, Transfusion Service will request that Type and Screen be repeated on DAY of surgery

Additional order for transfusion is required. Special Instructions (if any): (free text box)