

**CONWAY REGIONAL HEALTH SYSTEM
CLINICAL LABORATORY**

Transportation of Blood Components in Cooler

PRINCIPLE:

Up to 4 units of packed red blood cells (PRBCs, RBCs) may be released at one time under certain circumstances. In order to ensure more rapid availability of components to surgical patients, the units may be packed in, transported in, and stored in an "igloo" type cooler. Certain conditions must be met to maintain appropriate storage conditions of the components, and to ensure that necessary record-keeping and documentation protocols are performed.

EQUIPMENT AND MATERIALS:

"Igloo" type cooler.
4 frozen cold packs.
Plastic bags or other suitable insulation material.
Safe-T-Vue temperature indicators.

All of the above supplies are available in the Blood Bank Department.

PROCEDURE:

Release of Cooler:

1. Obtain the desired units to be transported from the Blood Bank refrigerator upon presentation of personnel assigned to pick up units.
2. Ensure that a Safe-T-Vue temperature indicator is affixed to each unit that is to be transported; see procedure elsewhere in this manual for discussion of indicators.
3. Complete a cooler transport form; included on the form are the patient's name, unit numbers, time/date of packing/release of the cooler, and the identity of the blood bank staff member packing/releasing the cooler, as well as the surgical staff member who is picking up the cooler. If time allows, the form may be prepared earlier and need only be signed and time of release recorded at the time the cooler is packed.
4. Retain the cooler transport form for use later, as well as the pink copies of the unit tags that are removed at time of unit release.
5. Follow standard blood unit release protocols as described elsewhere in this manual (i.e. ensure receipt of pick-up slip. perform necessary clerical/unit appearance checks, etc). This procedure may *not* be abbreviated and must be completely performed for *each individual unit* that is to be released.
6. Place two cold packs in the bottom of the cooler and place a large plastic bag over them.

7. Place the components to be transported on top of the plastic bag and top with a second plastic bag.
8. Place two more cold packs on top of the second insulating bag. *Ensure that the cold packs do not come in direct contact with the components.*
9. Direct surgical services to leave the units in the cooler until ready to transfuse, and to return any unused components in the cooler back to the laboratory as soon as possible.

Cooler Return:

1. Complete the retained cooler transport form upon receipt of the cooler from surgical services. Include time of receipt, unit numbers returned/not returned, etc.
2. Examine any returned units: if they have not been penetrated and the Safe-T-Vue indicator is white (indicating that the units have not been allowed to warm), the units may be returned to stock. If the integrity of any unit appears violated, or the temperature indicator is red, the unit may *not* be returned to stock and must be destroyed.
3. Retrieve any pink copies of unit tags from units that were not transfused and discard. Forward pink copies from units that were transfused for billing procedures.
4. Inspect the cooler and clean if necessary.

LIMITATIONS OF THE PROCEDURE:

The protocol is unsuitable for long-term storage of units. Units not transfused should be returned to the laboratory within 4 hours.

REFERENCES:

Technical Manual, AABB, 13th edition.

PREPARED BY: Marianne S. Welch 05/20/05

APPROVED BY: _____ DATE _____
(Medical Director)

APPROVED BY: _____ DATE _____
(Clinical Director)