



Department:	Laboratory and Blood Bank		
Document:	Internal Policy and Procedure		
Title:	Panic Values		
Applies To:	All Blood Bank Staff		
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1. PURPOSE:

- 1.1 To clarify the conditions requiring immediate notification to the patient's physician.

2. DEFINITONS:

- 2.1 **Panic value:** It is any critical condition that require the blood bank to urgently notify the patient's physician.

3. POLICY:

- 3.1 The Blood Bank technician/ specialist must immediately contact the patient care unit in certain conditions.
- 3.2 Documentation of the process is done.

4. PROCEDURE:

- 4.1 While critical value procedures have been adopted in most areas of the clinical laboratory, their use in transfusion medicine has not been reviewed in detail.
- 4.2 Conditions which require immediate notification:
 - 4.2.1 When a patient is in urgent need of blood, but all selected donor units are incompatible.
 - 4.2.2 Any abnormal delay in providing blood for transfusion or surgery (blood shortages).
 - 4.2.3 Increases in the antibody titer of a pregnant woman or new haemolytic antibody identified during pregnancy.
 - 4.2.4 Blood that has been issued uncross matched only to be found incompatible upon completing testing.
 - 4.2.5 Transfusion requests against established policy.
 - 4.2.6 Unable to result Rh of new born.
 - 4.2.7 New born 4+ DAT.
 - 4.2.8 Clerical or serological error that could cause acute haemolysis in patient, i.e. Group A red cells transfused to Group O patient.
 - 4.2.9 Any of following during investigation of a transfusion reaction:
 - 4.2.9.1 Positive Coombs test.
 - 4.2.9.2 Visible unexplained haemolysis in post-transfusion reaction patient sample.
 - 4.2.9.3 New incompatible crossmatch of transfused product.
 - 4.2.9.4 Presence of positive gram stain or culture of implicated blood component (if applicable).
- 4.2.10 Look back notice for viral diseases transmitted by blood transfusions.

4.3 Procedure:

- 4.3.1 The Blood Bank technician/ specialist will immediately call the patient care unit and/or the patient's physician with panic values who may alter the patient's treatment based on the new information.

4.3.2 The situation, time/date, to whom and by whom the call was made will be noted on the Blood Bank panic values file.

4.3.3 OVR is written when receiving transfusion request against the hospital policy.

5. MATERIALS AND EQUIPMENT:

5.1 Records and Forms:

5.1.1 Panic value file

6. RESPONSIBILITIES:

6.1 All blood bank staff have to follow the policy and procedure.

7. APPENDICES:

N/A

8. REFERENCES:

8.1 The Unified Practical Procedure Manual For Blood Banks In The Arab Countries, 1434-2013.

8.2 The Standard Policy For Blood Banks In The Kingdom Of Saudi Arabia, 1st edition, 1435-2014.

8.3 National Standards For Clinical laboratories and Blood Banks, 1st edition, 2015.

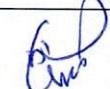
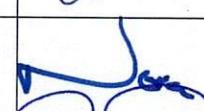
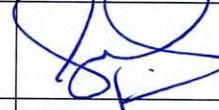
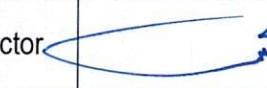
8.4 AABB Technical manual, 18th edition, 2014.

8.5 AABB Standards for Blood Banks and Transfusion Services, 30th edition, 2016.

8.6 Mollison's Blood Transfusion in Clinical Medicine; 12th edition, 2014.

8.7 Critical Value Reporting in Transfusion Medicine, A Survey of Communication Practices in US Facilities, American Journal of Clinical Pathology, 2017 May; 147(5): 492–499.

9. APPROVALS:

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