



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Laboratory and Blood Bank		
<b>Document:</b>	Internal Policy and Procedure		
<b>Title:</b>	Panic Values		
<b>Applies To:</b>	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. DEFINITIONS:

- 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.




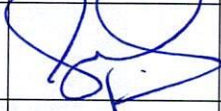


## 7. APPENDICES:

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, 1<sup>st</sup> edition, 1435-2014.
- 8.3 National Standards For Clinical laboratories and Blood Banks, 1<sup>st</sup> edition, 2015.
- 8.4 AABB Technical manual, 18th edition, 2014.
- 8.5 AABB Standards for Blood Banks and Transfusion Services, 30<sup>th</sup> 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:

	Name	Title	Signature	Date
Prepared by:	Dr. Mohammed Amer	Blood Bank Physician		January 06, 2025
Reviewed by:	Dr. Kawther M. Abdou	Clinical Pathology Consultant		January 08, 2025
Reviewed by:	Ms. Noora Melfi Alanizi	Laboratory & Blood Bank Director		January 08, 2025
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 12, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 13, 2025
Approved by:	Mr. Fahad Hazam Alshammari	Hospital Director		January 20, 2025