Isolation Blood Wastage in the OR
Leslie Yatteau, RN4, Cardiothoracic Surgery

Background

• Blood products, including PRBC, platelets, plasma and cryoprecipitate, are procured at a considerable cost by medical institutions. Due to lack of a defined protocol for handling blood products for isolation cases in the OR, these products can be unnecessarily wasted.
• For example, during one isolation case, a cooler of blood products was carried into the OR and checked in. The products were not given, and the 3 units of RBCs and 2 FFP were wasted. This lead to the realization that a protocol for blood use in isolation cases needed to be implemented.

Direct Cost

<table>
<thead>
<tr>
<th>Blood Product</th>
<th>Cost</th>
</tr>
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<tbody>
<tr>
<td>PRBC</td>
<td>$198.00</td>
</tr>
<tr>
<td>Platelets</td>
<td>$480.00</td>
</tr>
<tr>
<td>Plasma</td>
<td>$40.00</td>
</tr>
<tr>
<td>Cryoprecipitate</td>
<td>$44.86</td>
</tr>
</tbody>
</table>

Blood wastage from products entering isolation rooms can be reduced with better communication, education of staff, and clear labeling of the isolation room.

Methods

• Blood wastage from products entering isolation rooms can be reduced with better communication, education of staff, and clear labeling of the isolation room.
• Blood can be left just outside the OR door for isolation cases, with products handed into the room as needed.

Sign created for OR entry doors to clearly designate an isolation room and to visually communicate the blood product rules.

Objective

Blood wastage from products entering isolation rooms can be reduced with better communication, education of staff, and clear labeling of the isolation room.

Solutions

• Design sign for OR entry doors to remind staff to NOT carry blood products into Isolation rooms. Blood products to be kept with runners right outside the OR door.
• Propose placing blood products for isolation rooms in a different color cooler and/or attaching a clear label.
• When ordering blood products in VPIMs, specify to have PRBCs and Plasma in a cooler and place “Isolation” and room phone number under comments.
• Inform the transporter that it is an isolation case when calling them for product pick up.
• Clearly communicate all changes to all charge nurses in the MOR, as well as to all managers.
• Send door sign and the Standard Operating Procedure on blood transport to all perioperative staff for review by Nursing Educator.
• Deliver laminated signs to all the services in the Main OR and to the cardiac hybrid ORs.

Standard Operating Procedure for Blood Products for Isolation Cases

Upon Ordering of Blood Product:
The blood product will be handed through the door upon request, and will be identified by 2 licensed personnel in the OR room at that time.

Return of Blood Product:
• For a blood product that has not entered the isolation OR, the blood product will follow the same procedures outlined for products delivered via tube or products delivered via cooler.
• For a blood product that has entered the isolation OR, and not used, the blood product must be returned in a clearly marked “contaminated” bag.
• For a cooler that has been taken into an isolation OR, the cooler must be wiped down with the appropriate OR equipment disinfectant cloth prior to being returned to the Blood Bank.

Wastage Results

In March 2014, a new protocol to reduce blood wastage in isolation cases of the OR was implemented. All staff had received clear communication and education on the changes. Door signs were put into use. From the point of implementation until July 2015, RBC wastage in Cardiothoracic Surgery was reduced by 100%.

References Available Upon Request