Northern Westchester Hospital Laboratory
400 East Main Street
Mount Kisco, NY 10549

703927-474 MASSIVE TRANSFUSION POLICY

Copy of version 1.0 (approved and current)

Last Approval or Periodic Review Completed	3/23/2026
Next Periodic Review Needed On or Before	3/23/2027
Effective Date	3/30/2026

Uncontrolled Copy printed on 4/20/2026 1:13 PM

Printed By	FIDA DAGHER DIR
Organization	Northern Westchester Hospital Laboratory

Comments for version 1.0

Initial version

Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Approval	Lab Director	3/23/2026	1.0	Arzu Buyuk, MD Arzu Buyuk Regional Director, Laboratory Services	
Approval	CQ Holder Approval	3/23/2026	1.0	Joseph Burt Joseph Burt M.D. Medical Director - Blood Bank	
Approval	Author Approval	3/23/2026	1.0	Fida Dagher FIDA DAGHER DIR	

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
1.0	Approved and Current	Initial version	3/23/2026	3/30/2026	Indefinite

MASSIVE TRANSFUSION PROTOCOL

POLICY:

It is the policy of Northern Westchester Hospital Blood Bank to provide an emergency supply of requested blood and products in the case of massive blood loss.

PURPOSE:

This procedure provides step by step instructions for issuing blood and blood products from the blood bank during a Massive Transfusion (MTP). A massive transfusion is defined as receiving more than 10 units of RBC's within 24 hours. At Northern Westchester Hospital, a Code Fusion may be initiated when a patient requires multiple units of blood and blood products over a short period of time that may put undue burden on the transfusion service. The purpose of this policy is to alleviate this pressure by having a system in place to have appropriate blood products and staffing levels in a timely manner to respond to massive transfusion emergencies.

MATERIALS:

1. Blood product
2. Release Form for Uncross matched Blood
3. Blood Unit Temperature Monitors
4. Cooler and ice
5. Pink topped 6 ml tube (whole blood with K2 EDTA for Blood Bank)

PROCEDURE:

1. In the event of the presence of a patient with known or potential hemorrhage and signs of shock, a "Code Fusion (Care Unit Location)" will be announced hospital wide.
2. The Blood Bank Technologist will call the location of the patient and obtain the patient's name, date of birth, and Medical Record Number if available.
3. The Blood Bank Technologist will check the Blood Bank history for blood type history and current specimen availability. If Type & Screen is not available, inform the care unit that a specimen is needed as soon as possible.
4. The Blood Bank Technologist will enter on the Critical Transfusion Worksheet the following information:
   - Date of the call
   - Time of the call
   - Full name of the person whom they spoke with
   - Any important details in the "Comment" section
5. Products are prepared and issued in rounds. These rounds are continued until the Code Fusion is declared over by the covering physician.

Round	Packed RBC	Plasma	Platelets	Cryoprecipitate
1	4 units			
2	4 units	4 units		
3	4 units	4 units	1 unit	2 pools

MASSIVE TRANSFUSION PROTOCOL

Preparation of Round 1:

1. Four units of uncross matched, type O RBC are issued to the patient
    a. The first 4 units will be type O Neg RBC, then switch to type O positive until such time when a type and screen specimen is received and completed, along with the 2nd type if needed.
    b. If a current type and screen and 2nd type are completed (if required) then issue type specific and crossmatch compatible if possible.
2. Once the TAR forms print out, attach each one to the corresponding unit.
3. The designated individual for the Care Unit retrieving the blood will provide documentation of patient identification. Due to the urgency of the situation, any form of documentation providing the acceptable patient identifiers (Patient full Last Name, full First Name, Date of Birth are required, and Medical Record Number if available) are allowed.
4. The blood bank technologist will verify the following patient identifiers with the person retrieving the products:
    a. Patient Name
    b. Patient Date of Birth
    c. Patient Blood Type
    d. Unit Blood Type
    e. Clearly state on each that the unit is uncross-matched
5. The technologist will fill in the following:
    a. Round number
    b. Prepared by – technologist first initial and full last name
    c. Issued by- technologist first initial and full last name
    d. Picked up by – runner's first initial and full last name
6. Unit labels from each unit are placed on the form in the corresponding product section.
7. Complete **Release Form for Uncross matched Blood**. Be sure to sign your name and write the date and time of release.
8. Provide the individual with the **Release Form for Uncross matched Blood** and instruct them to obtain the ordering physician's signature.
9. The products are placed in the appropriate container and released
    a. **Cooler:**
        - PRBC - Place Blood Unit temperature monitors (i.e. Timestrip® BT10, Safe-T-Vue®) on the units of packed cells.
        - Plasma

    b. **Clear Plastic bag:**
        - Platelets
        - Cryoprecipitate
10. Once the type and screen is received, it is performed STAT and all issued PRBC are crossmatched.

Preparation of Round 2:

11. Thaw and assign plasma for round 2 and prepare 4 additional red cell units. Issue and prepare for transport following steps 2 – 9 above.
12. If the runner is not at the Blood Bank, call the unit to inform them that Round 2 is ready for pickup.

Preparation of Round 3:

13. Thaw and assign 4 more units of plasma, and 2 pooled cryoprecipitate.
14. Assign one unit of single donor platelets.

MASSIVE TRANSFUSION PROTOCOL

15. Crossmatch, prepare 4 additional red cell units.
16. Issue and prepare for transport following steps 2 – 9 above.
17. If the runner is not at the Blood Bank, call the unit to inform them that Round 3 is ready for pickup.

Continue with rounds until the MTP - Code Fusion is declared over

PROCEDURAL NOTES:

1. In cases where the patient is a female of childbearing age and the blood type is unknown, Rh-negative blood will be issued until the type and screen is received.
2. In cases where the blood supply of Rh-negative blood is low, the medical director will need to decide at which point the patient will receive Rh positive blood.
3. If a current type and screen with a blood type history on file is not available, issue type AB plasma and type O red cells until a specimen is received.

4. Complete type and screen as soon as it is received in the Blood Bank
5. Compatibility testing must be performed on all uncross matched units after they have been released.
6. If the Care Unit staff arrive without a Transfusion Order, a Release Form for Uncross matched Blood will be provided by the Blood Bank – **Under no circumstances will blood be withheld due to the lack of a Transfusion Order.**
7. All compatibility tags must be attached to the uncross-matched release form after returned to the Blood Bank.
8. The patient's physician may verbally communicate to the Blood Bank if they require less products to be prepared. For example, the physician may say to prepare only two plasma rather than 4. This is left to the physician's discretion.
9. During a massive transfusion, the blood supply will need to be monitored. An emergency blood order may need to be placed to maintain inventory for the emergency as well as other patients in the hospital.
10. All unused products, along with the release form, must be returned to the Blood Bank.
11. The products' final disposition will be determined by the Blood Bank staff.

REFERENCES:

AABB Technical Manual, 20th edition, 2020

RELATED DOCUMENTS:

Related Documents:
Massive Transfusion Emergency Product Request Form
Critical Transfusion Worksheet

DISTRIBUTION LIST:

Transfusion Medicine Department

MASSIVE TRANSFUSION PROTOCOL

REVISION/VERSION HISTORY

Version No.	Date	Additions/Amendments
1	*1/20/2010*	*Original Document*
	8/10/2021	*Updated format*
	1/26/2022	*Updated Medical Director* *Updated references*
2	*3/26/2026*	*Removed Meditech references* *Updated Related Documents* *Uploaded to MediaLab*