

# Lab Focus

May 2004—monthly insert to 'Scope from Fairview Clinical Laboratories

## Sound bites. . . .

### Fairview-University Medical Staff Executive Committee Approves Platelet Substitution

On April 8, the Fairview-University Medical Staff Executive Committee approved substitution of a platelet apheresis component for a pool of five platelet concentrates as determined by the blood bank. This will reduce the burdensome steps required by blood bank staff for substitute orders. While this change will eliminate a manual workaround, it will not impact the effectiveness of patient care. The change to the patient for pheresis substitution will be the same as that for five platelet concentrates.

Background: At Fairview-University platelet pheresis has routinely been substituted for a pool of five platelet concentrates. Substitutions occurred when there was a shortage of platelet concentrates or pheresis platelets are available that become outdated if unused.

In Feb. 2000, the Transfusion Committee reviewed the platelet content of platelet pheresis and pools of five platelet concentrates derived by prestorage leukoreduction methods and determined they are therapeutically equivalent.

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### Fairview Southdale and Fairview Ridges Approve Platelet Substitution

The Medical Staff Executive Committees at Fairview Southdale and Fairview Ridges approved platelet substitutions in Aug. 2002 and Feb. 2003, respectively.

Fairview Ridges transfuses entirely platelets pheresis.

Fairview Southdale transfuses leukocyte reduced platelets pheresis and random platelet concentrates, which are received nonleukocyte reduced. Most FSH patients receiving random platelet concentrates do not require leukocyte reduced components and receive a pool of five random concentrates. When leukocyte reduction is ordered, six random platelets are given to make up for platelets lost in the filtration process.

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## Using "Dose" for Adult Platelet Orders

The provision of platelets to patients who need them has become more complex. Throughout Fairview, most hospitals use platelets pheresis nearly exclusively, while Fairview Southdale Hospital and Fairview-University Medical Center use a mixture of platelet concentrates and platelets pheresis. In addition, platelets may be pre-storage leukoreduced, leukoreduced at the time of transfusion, or non-leukoreduced.

Definitions:

- Platelet concentrates are sometimes referred to as random donor platelets or whole blood platelets. Each concentrate is prepared from a whole blood donor unit and contains from 50 to 65 mL.
- Platelets pheresis are sometimes referred to as single donor platelets or apheresis platelets. Each component is collected from a donor during a 1 to 3 hour cytapheresis procedure and contains from 200 to 400 mL.
- A standard adult dose (a pool of concentrates or a single platelets pheresis) increases the platelet count by approximately 50,000/uL in an average size adult, in the absence of consumption

**Fairview Blood Bank Medical Directors are asking physicians to modify their written orders to use "dose" as the standard terminology to resolve confusion for the patient care staff transcribing the orders. This will allow the Blood Bank staff to use platelets pheresis and platelet concentrates as therapeutically equivalent and provide the component most readily available.** (See Sound bites.)

As in current practice, if ONLY platelets pheresis are required, they must be specifically ordered and

approved by the Blood Bank physician. In this case, platelet concentrates would not be substituted without consultation.

To simplify and standardize platelet ordering, the FCIS order screen has been modified to include:

- Number of doses (1 adult dose = **5 platelet concentrates** = 1 platelets pheresis).
- Options to request pheresis ONLY, crossmatched or HLA-matched platelets (requires blood bank medical director approval).

For more information on blood components, the *Circular of Information*, a publication prepared by the American Red Cross, American Association of Blood Banks, and America's Blood Centers is available from any Blood Bank.

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## Influenza and RSV Seasons End

- Rapid antigen influenza testing was discontinued April 19. Testing will resume mid November.
- Rapid RSV antigen will be discontinued effective June 14. Testing will resume mid September.

## Finding the Laboratory Guide on the Intranet/Internet

The Laboratory Internet site can be accessed three ways:

1. Directly at <http://labguide.fairview.org/>
2. Via the Fairview Internet site:
  - [www.Fairview.org](http://www.fairview.org)
  - Left click on Patient Care
  - From the menu displayed on the right, select Laboratories
3. Via the Fairview Intranet site:
  - <http://intranet>
  - Left click on Physician Resources
  - From the menu displayed, select Laboratory

Features found on the yellow bar at the left include:

- Laboratory Guide of all test listings; search for a specific entry using name or synonym, test code, or sounds like option. Information displays including collection volume and container, availability, methodology, reference and critical ranges, use, and others.
- Medical Necessity - Medicare National Coverage Determinations (NCD) and Local Medical Review Policy (LMRP) from Noridian. The Intranet also provides LMRPs from WPS.
- Newsletters - Lab Focus issues from 2000 to the present can be selected by date or searched by title.
- Request forms and a link to the Fairview Intranet Policy and Procedure site are available via the Fairview Intranet site only.

The Fairview Internet Laboratory home page displays information about Fairview Diagnostic Laboratories on the Intranet site. The Fairview Intranet Laboratory home page includes all information printed in the Laboratory Guide, including services by site and collection procedures among others.

