I. Purpose

This policy outlines the process for verification of donor–recipient blood type for deceased and living donors which complies with regulatory guidelines.

II. Policy

According to federal and OPTN guidelines, verification of blood type and other vital information is required from organ recovery through beginning of transplantation for all recipients and deceased/ living donor transplants. Although the transplant surgeon is ultimately responsible for determining suitability of all donor organs for transplantation, all staff involved in the recovery and/or receipt of donor organs also have responsibility for following the policy to ensure ABO compatibility of accepted organ(s).

III. Procedure for Recipients

A. At the time evaluation, all candidates for transplantation will have 2 separate blood specimens drawn at two different times to confirm ABO.

B. Two different transplant coordinators must review the ABO lab results and enter the results into the transplant database.

C. If the results do not match, the lab is notified and the patient is drawn again two separate times to reconfirm the ABO.

IV. Procedure for Deceased Donors—see OR policy 45-3

A. Transplant coordinator performs preliminary review of donor information via DonorNet. It is the OPO’s responsibility to ensure accuracy of ABO and other vital information.

B. The transplant surgeon officially accepts the organ for transplant after reviewing the donor ABO and other clinical information and comparing it with the recipient’s ABO. In the OR, the transplant surgeon visually verifies with the Operating Room RN circulator the ABO type of donated organ by reading the label on the box containing the donor organ, the tag on the bag containing the donor organ and the donor medical record that accompanies the organ. This is compared to the recipient’s ABO type. The OR ABO verification form is then filled out and signed by both the surgeon and OR circulator. The verification form is then sent to be scanned into the patient’s electronic medical record. It is the responsibility of the circulating RN to document in the recipient’s OR record all steps in the ABO compatibility verification process.

C. If there is a discrepancy at any point, the OPO must be notified immediately and if necessary, the surgery may be postponed or cancelled at the discretion of the transplant surgeon.
V. Procedure for Living Donors

A. Prior to transplant surgery, the transplant surgeon and the transplant coordinator verify the recipient and living donor blood type and crossmatch results.

B. In the operating room, the donor surgeon visually verifies the living donor’s blood type (and crossmatch results) and compares it with the recipient’s blood type prior to incision. The Living Donor ABO verification form is filled out by the donor surgeon. When the organ is delivered to the recipient’s OR suite, the transplant surgeon fills out his portion of the Living Donor ABO verification form by comparing again the ABO of the living donor with that of the recipient. The verification form is then sent to be scanned into the patient’s electronic medical record. It is the responsibility of the circulating RN to document in the recipient’s OR record all steps in the ABO compatibility verification process.

C. If there is a discrepancy at any point, the surgery may be postponed or cancelled at the discretion of the donor or transplant surgeon.

VI. Transplantation across ABO incompatible blood groups

A. At times, there may be intentional transplantation of donor and recipients across incompatible blood groups. In these situations, the documentation must denote that this is the case and follow all the above procedures.