Name of Policy:	Maximum Surgical Blood Ordering Schedule	THE UNIVERSITY OF TOLEDO
Policy Number:	3364-108-308	
Department:	Pathology/Laboratory – Blood Bank	
Approving Officer:	Chief Operating Officer – UTMC Director, Blood Transfusion Service	
Responsible Agent:	Blood Transfusion Service Supervisor Administrative Director, Lab	
Scope:	Pathology/Laboratory – Blood Bank	Effective Date:03/20/2023Initial Effective Date:1/2005
New policy proposal Minor/technical revision of existing policy Major revision of existing policy X		

(A) Policy Statement

The Maximum Surgical Blood Ordering Schedule defines the number of units needed to meet the needs of at least 90% of patients undergoing a specific surgical procedure and or a procedure with a 10% or greater chance of requiring allogeneic blood. The schedule will be used to determine the number of units reserved for surgical patients. Surgeons or anesthesiologists may individualize specific requests and override the system to accommodate special needs.

(B) Purpose of Policy

The shelf life of a unit decreases each time a unit is held or crossmatched for a patient who does not use it. If more units than are required are put aside for a given surgery, then the unit is not available for another patient who may need the blood. Use of the schedule will allow better control of inventory and will be more cost effective, in that expense of unnecessary crossmatches will be avoided.

(C) Procedure

- 1. The surgery schedule for the next day will be examined prior to performing ordered crossmatches. Patient orders will be compared with the MSBOS and the recommendations of the MSBOS will take precedence over the orders received.
- 2. Orders may deviate from the MSBOS if specifically requested and justified by the attending surgeon or anesthesiologist.

(D) Definitions

- 1. T/S = Type and Screen. Perform ABO and Rh type. Screen for red cell antibodies. Recommended for procedures requiring less than 0.5 units of blood per patient per procedure or in which 90% or more of patients are not transfused.
- 2. C/T ratio= Crossmatch to Transfusion ratio. Ordinarily ≤ 2.0
- 3. SBO = Standard Blood Order Average number of units used for each procedure

Approved by:		
03/21/2023 Date	6/96 7/96 2/99 8/00 11/03 1/05 1/2008	6/9/2008 3/22/2011 3/01/2013 3/2/2015 3/1/2017 3/1/2019 3/1/2021 03/20/2023
03/21/2023 Date	-	
Review/Revision Completed By: Danielle Weilnau, MLS(ASCP) ^{CM}		
	Date 03/21/2023	03/21/2023 7/96 2/99 8/00 11/03 1/05 1/2008

Reference: AABB Technical Manual, current edition.

Maximum Surgical Blood Order Schedule - MSBOS

Procedure	Units
General Surgery	
• Antrectomy and vagotomy	2
Breast biopsy	T/S
Cholecystectomy	T/S
Colon resection	2
Exploratory Laparatomy	T/S
• Gastrectomy	2
Hernia repair	T/S
• Ileal bypass	T/S
• Inguinal herniorrhaphy	T/S
• Laryngectomy	2
• Liver biopsy	T/S
Mastectomy, radical	T/S
Pancreatectomy	4
• Splenectomy	2
• Thyroidecomy	T/S
• Transmesentric intrahepatic	4
portosystemic shunt placement	
Vein stripping	T/S
Whipple procedure-	4
pancreaticoduodenectomy	
Orthopedic	
Arthoplasty	T/S
Arthroscopy	T/S
Bone graft-iliac	
External fixation	
Herniated disc	T/S
Laminectomy	T/S
Ligament repair	
Open reduction	2
Shoulder reconstruction	T/S
Spinal fusion	3
Total hip replacement	2-3
Total knee replacement	T/S
Vascular	
Aortic bypass with graft	4
Endarterectomy	T/S
• Femoral-popliteal bypass with graft	2

OB-G	YN	
		T/S
Abdomino-perineal repairCesarean section		T/S
		T/S
• D&C		T/S
Hysterectomy abdominal/laparoscopic		1/5
•	Hysterectomy, radical	2
		Z T/S
LaparoscopyLoop electrocautery excision		1/5
•	procedure	
•	Vaginal resuspension	T/S
-		
Urolog	ду	
•	Bladder, transuretheral resection	T/S
•	Cystourethroscopy	
•	Nephrectomy, radical	1-3
•	Radical prostatectomy, radical	1-2
•	Prostatectomy, transurethral	T/S
•	Renal transplant	T/S
Cardio	othoracic	
•	Aneurysm resection	6
•	Redo coronary artery bypass graft	4
•	Primary coronary artery bypass graft	2
•	Lobectomy	T/S
٠	Lung biopsy	T/S
Oral		
•	Tonsillectomy/adenoidectomy	0
•	Mastoidectomy	
NT		
	An average Cranicl	2
•	Aneurysm, Cranial	
•	Anterior cervical diskectomy, with	T/S
	or without fusion	2
•	Craniotomy	Z T/S
•	Laminectomy, Cervical, Thoracic or Lumbar, for decompression	1/0
-		2
•	Laminectomy for tumor Lumbar or cervical fusion, posterior	2
•	Lumbar peritoneal shunt	Z T/S
		T/S
•	Stereotactic brain biopsy	1/5