

## 16 DIRECTED DONATION POLICY

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16.2 Directed Donation Responsibility  
Section 16  
Transfusion Medicine Protocols  
Women's & Newborn Health Services  
Perth Western Australia

### 16.2 RESPONSIBILITY

The firm policy of WNHS is that Directed Donations be discouraged for the scientific reasons detailed in Section 16.1.

#### THE SURGEON OR CLINICIAN IN CHARGE OF THE PATIENT IS RESPONSIBLE FOR:

- Discussing the request with the donor taking into account the advice given in 16.1.
- Providing the donor with information '**Directed Donation – Information for Parents/Donors** (Link below) [http://cahs.hdwa.health.wa.gov.au/\\_data/assets/word\\_doc/0018/96201/PKTMF2180.doc](http://cahs.hdwa.health.wa.gov.au/_data/assets/word_doc/0018/96201/PKTMF2180.doc)
- Ensuring the donor meets the ARCBS requirements. They must be an existing blood donor who has given blood at least twice within the last two years, OR Where the patient is under 18 years of age and is unable to have autologous blood collected, they must be a parent or legal guardian of the patient.
- Notifying the Transfusion Medicine Unit who will provide an ARCBS Directed Donation Request Form. Section A is to be completed and signed by the parent/legal guardian or patient over the age of 18 years and Section B by the requesting clinician, including the type of donation required (e.g. paediatric red cells) and the irradiation requirement. A copy is to be filed in the medical record.
- Completing a PathWest Transfusion Medicine Request Form for a Directed Donation, FBP, GAH, K phenotype and CMV (when appropriate). This form must be clearly marked "Directed Donor for 'Recipient's full name, UMRN, DOB' and clinical details including the estimated day of transfusion or surgery.
- Referring the donor to the Outpatients phlebotomy area (Transfusion Medicine Unit) with the completed PathWest Transfusion Medicine Request and ARCBS Directed Donation Request Forms.
- If the donor is assessed as suitable the clinician is responsible for referring the donor to the ARCBS Donor Clerk (Telephone: 9421-2857 or 9325-3333 Extension 857) for a blood donation appointment.
- If a Donor is assessed as unsuitable the clinician is responsible for informing the donor and for discussing alternative options.

#### THE TRANSFUSION MEDICINE UNIT IS RESPONSIBLE FOR:

- Preliminary testing
- Informing the clinician or nurse coordinator of the donor's suitability.

#### THE DONOR IS RESPONSIBLE FOR:

Attending the ARCBS with a completed ARCBS Directed Donation Request form

## THE ARCBS IS RESPONSIBLE FOR:

Assessing donor eligibility and for blood collection and testing.

## CRITERIA

The Directed Donor must be an existing blood donor who has given blood at least twice within the last two years OR a parent or legal guardian of the patient, where the patient is under 18 years of age and is unable to have autologous blood collected.

The request for Directed Donation must be made by the clinician responsible for the intended recipient's care at the request of the parents/legal guardian or patient over 18 years old.

There must be a high likelihood that the intended recipient will need transfusion in the particular circumstance outlined in the request. In most cases this will be neonatal top-up transfusion or elective surgery normally requiring a crossmatch. Directed Donation may be applicable in a limited number of medical settings.

The circumstance should be planned to occur within a single episode of care. There should be a reasonable expectation of a definable transfusion requirement, which can be met by a Directed Donor. In practical terms, this will be a requirement for four units or less of Red Blood Cells (RBC).

Alternatives to Homologous transfusion including Autologous Donation, blood salvage and other techniques are either not appropriate or not available.

The potential donor must satisfy all ARCBS donor selection criteria.

The request for Directed Donation should be made to ARCBS at least one week prior to the intended transfusion. Greater advance notice will be required when more than one unit of blood is requested.

Directed Donation for children with malignancy that may require future bone marrow transplantation is not recommended (see 18.1).

Pre-transfusion testing, blood product administration, investigation of transfusion reactions and all other procedures relating to the transfusion of Directed Donations will proceed as per established Health Service protocols for the transfusion of homologous blood.

All Directed Donations will be irradiated to reduce the risk of transfusion-related graft versus host disease.

**Further information may be obtained on the Australian Blood Service Website – Requirements for Directed Donation at -**

**[HTTP://WWW.TRANSFUSION.COM.AU/BLOOD\\_BASICS/COLLECTION/DIRECTED\\_DONATION/REQUIREMENTS](http://www.transfusion.com.au/blood_basics/collection/directed_donation/requirements)**