|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Hospital | Location | Number of Units | ABO/Rh Type | Room Number | TubeSt. No. | Phone |
| UH | Blood Bank | 6 | O Positive | 2F225 | 158 | 6-6888 |
| Blood Bank | 6 | O Negative | 2F225 | 158 | 6-6888 |
| Emergency Department Lab | 6 | O Positive | B1B271 | 111 | 5-6970 |
| Emergency Department Lab | 2 | O Negative | B1B271 | 111 | 5-6970 |
| Survival Flight - ED Lab | 2 | O Negative |  B1B271 | 111 | 5-6970 |
| MOTT | Mott ED Lab (2nd floor) | 2 | O Negative  | 2-432 | 463 | 2-5088 |
| Neonatal Intensive Care (8th floor) | 1 | O Negative | 8-138 | 522 | 3-4111 |
| NEST (9th floor) | 1 | O Negative | 9-611 | 529 | 2-8932 |
| Delivery Room (9th floor) | 4 | O Negative | 9-614B | 529 | 2-8932 |
| PCTU – (10th floor) | 2 | O Negative  | 10-321A | 539 | 2-7000 |
| PCTU – (10th floor) | 1 | O Negative | 10-211B | 538 | 2-7000 |

**To Request Blood During an Emergency**

|  |  |
| --- | --- |
| **Step** | **Action** |
|  1.  | Call 6-6888. |
| 2.  | Describe the urgency of the situation. |
| 3. | Provide the patient's name and medical record number. |
| 4.  | Indicate the blood component and amount required. |
| 5.  | Provide the patient’s age and sex. |
| 6. | Provide the number and name of the ordering physician. |
| 7.  | Indicate the location of the patient. |
| 8. | Verify or correct when orders are read back to assure accuracy.  |

**Emergency Blood Unit**