\*The intent of this product is to be a resource; not a replacement for institutional protocols. Standard 1 of AmSECT’s Standards and Guidelines for Perfusion Practice.1 These Standards and Guidelines may also be superseded by the judgement of the healthcare professional taking into account the facts and circumstances of the individual case.

|  |  |  |
| --- | --- | --- |
| **SUBJECT/TITLE** | **JEHOVAH’S WITNESS** | |
|  |  |  |
| **PURPOSE:** | To provide a guideline and resource when caring for a Jehovah’sWitness patient. | |
|  |  |  |
| **TARGET POPULATION:** | Jehovah’s Witness patient. | |
|  |  |  |
| **DEFINITIONS:**  **POLICY:** | Jehovah’s Witness patients, based on religious beliefs, may or may  not refuse homologous blood products and autologous blood if  removed from continuity with the body. Every patients’ belief is  different and their range of “blood product” acceptance varies.  The surgeon must determine the patients’ comfort and acceptance  level of products based on their personal belief and inform the  entire surgical team.  The surgical team will ensure all necessary steps are taken to honor the religious beliefs of the patient. | |
|  |  |  |

**PERFUSION PUMP CONSIDERATIONS:**

1. A continuous circuit must be kept with the body at all times. In order to give back any blood from the cell salvage unit and the bypass circuit after bypass, an additional line must be primed and connected to the patient, usually via Anesthesia IV lines. (1,2)
2. Due to the inability to transfuse blood during or post-operatively, every effort for blood conservation and hemostasis should be considered. (1) Examples are RAP, mini-circuits, etc.
3. Heparin and anticoagulation should be closely monitored so as to prevent any heparin rebound and ensure hemostasis.
4. Pump suckers and drop suckers should be used as much as possible. Laps/sponges are generally considered a break in circuit/body connection. (1)
5. If possible, consider giving back chest tube blood output (if maintained with closed loop)
6. Hemoconcentration is allowed, since the blood stays in a connected loop with the circuit and thus the patient.
7. If the patient will allow autologous donation (ANH) with a continuous connected line, volume should be taken off.
8. Additional crystalloid given should be minimal, consider colloids where applicable.

**PROCEDURE:**

1. Connect bypass circuit to cell salvage machine (for process after the case) and allow Anesthesia to spike washed product autologous bag to connect to an IV.
   1. This will create a link to the patient so that the blood from the case remains connected to the body throughout the case.
2. Remove volume via ANH setup if approved by patient (keep line attached throughout case)
3. Setup hemoconcentrator to maintain acceptable hematocrit.
4. Consider colloids where applicable to minimize hemodilution. \*No albumin if not specifically noted that it is agreeable to the patient.
5. Check ACT frequently to not overdose, minimize postoperative blood loss.

**CLINICAL ASSESSMENT/SCREENING:**

1. Contraindications: None

# RELATED DOCUMENTS:

1. Acute Normovolemic Hemodilution Clinical Protocol

# REFERENCES:

1. Lynch BV, Brown DM. The manual of clinical perfusion. 2 nd ed. Fort Myers, FL: Perfusion.com, 2004
2. Gravlee GP, Davis RF, Stammers AH, Ungerleider RM. Cardiopulmonary Bypass Principles and Practice. 3 rd ed. Philadelphia, PA: Wolters Kluwer, 2008: 412.

# DISCLAIMER:

In emergency situations, immediate life support measures of whatever appropriate nature come first with attention turning to measures described in this protocol/process as soon as possible and practical.

This is a minimal protocol/process that may be exceeded at any time based on the judgment of the involved patient care personnel.

This protocol/process encourages high quality patient care but observing it cannot guarantee any specific patient outcome.

This protocol/process is subject to revision from time to time, as warranted by the evolution of technology and practice.

Review period: Review as changes occur or per institutional protocol.

Original hard copies and computer copies of this protocol are stored under the supervision of the Chief Perfusionist, Department of Cardiovascular Perfusion.

Documents relating to patient care standards are developed according to the accepted hospital standards.

# APPROVED BY: *(signature of CMO and CNE only required)*

|  |  |  |  |
| --- | --- | --- | --- |
| Source: | (originating department/committee) | | |
| Effective Date: | (can use ‘created date’ for this) | | |
| Version Number: | (should match # of revisions, use 1.0 if new document) | | |
| Date Revised: | MM/YYYY; all dates any content changes were made | | |
| Date Reviewed: | Amb. Care PPP:  QSOS: | | |
|  |  | | |
|  | | Date: |  |
| <Insert Name>  *<Insert Title>* | |  |  |
|  | | Date: |  |
| <Insert Name>  *<Insert Title>* | |  |  |
|  | | Date: |  |
| <Insert Name>  <Insert Hospital Name> Chief Medical Officer | |  |  |
|  | | Date: |  |
| <Insert Name>  <Insert Hospital Name> Chief Nursing Executive | |  |  |