Emergency Use of Rh(D) Positive RBC’s in Rh(D) Negative Patients

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On rare occasions, the supply of type specific, Rh(D) negative units for a Rh(D) negative patient can suddenly become insufficient. Rh(D) negative units are, of course, preferred in this situation. However, there are times when it is appropriate to discuss switching to Rh(D) positive units to conserve the supply of Rh(D) negative units.

Conservation of Rh(D) negative units allows their later use by females of childbearing potential. The overarching need is to prevent the development of hemolytic disease of the fetus and newborn. If the supply of Rh(D) negative units is in danger of being depleted by an emergent need for a patient who is male or a female over 50, then a switch to Rh(D) positive units should be considered.

The patient being treated in today’s emergency situation may develop antibodies to the Rh(D) antigen over the next several weeks. This will not cause problems for the patient. If the patient does develop anti-D antibodies then that patient should receive Rh(D) negative RBC’s in the future.

Bottom line:

Unless the patient is a female of child-bearing potential (under 50 years old), there should be NO RELUCTANCE to switch to Rh(D) positive units in an emergent situation.

The information reflected in this document is based upon the advice and recommendation from LifeServe Blood Center’s Medical Department. If you have additional questions or concerns, please feel free to contact the department directly by calling 515.309.4840 or email, physician@lifeservebloodcenter.org.