

## Blood bank must have fresh blood

By PAT DAUGHERTY

"If a person dedicates himself to donating blood five or six times a year, he will be doing a great service both locally and regionally," was the message from Dr. William Kuhns, director of the Blood Bank at North Carolina Memorial Hospital.

"The capability of a person for donating is more than he might believe," Kuhn continued. "Anyone who gives once can give again two months from now."

Kuhns said the hospital has signed a contract with Red Cross, which has a strictly voluntary blood program, for total supply of blood. The Red Cross' "major source of supply comes from groups on campus or groups in industry," Kuhns said.

He went on to explain that summers and holidays often pose a particular problem in the amount of blood available because the industries and campus groups that provide blood on drives are often on vacation. He emphasized that group donations are the backbone of blood procurement.

In addition to group donations which account for about two-thirds of the hospital's blood, the other third comes from walk-in donors at the hospital Blood Bank. Kuhns said now, since signing the contract with Red Cross, everything is done under that program, and people who come in as walk-in donors receive Red Cross credit. Red Cross never charges for the blood itself, but only for the cost of collecting, testing and distributing the blood.

He said, "The important part about the donor who walks in is that he provides us with fresh blood that we can process into several components such as hemophilic factor which must be gotten from fresh plasma." Whole blood (blood that has not been separated into basic components) has a shelf-life of 21 days.

"The matter of timing and the unanticipated type of patient may create a temporary shortage," Kuhns continued. "If the timing is off and we have a sudden nighttime problem because two or three hemophiliacs come in, our stock pile may be what helps to save that patient from that bleeding episode."

He said, "Shortage is a euphemism — we don't know when the next critically ill patient will present himself. It just may be that the anticipated needs of the day reduce our inventory to a point that spells out a shortage."

Kuhn explained that hospitals dealing with a wide variety of patients, particularly hemophiliacs, people with massive injuries, and patients needing specialized surgery, can expect both chronic and acute shortages.

As director of the Blood Bank, Dr. Kuhns is considering other methods of handling the blood shortages that the hospital has had problems with for a long time.

He said when he took his position one year ago, he came with the belief that the voluntary blood program should be extended much more actively to the campus. Kuhns said, "My experience has shown that the students and faculty are very enthusiastic about donation once they know what it is that's needed and once they know it's not injurious to their health."

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