

I. Unit 10: Blood A. Blood

- 1. The only fluid tissue in the human body
- 2. Classified as a connective tissue
- 3. Components of blood
 - a) Living cells
 - (1) Formed elements
 - b) Non-living matrix
 - (1) Plasma
- 4. If blood is centrifuged
 - a) Erythrocytes sink to the bottom (45% of blood, a percentage known as the hematocrit)
 - b) Buffy coat contains leukocytes and platelets (less than 1% of blood)
 - (1) Buffy coat is a thin, whitish layer between the erythrocytes and plasma
 - c) Plasma rises to the top (55% of blood)

 B. Physical Characteristics of Blood

- 1. Color range
 - a) Oxygen-rich blood is scarlet red
 - b) Oxygen-poor blood is dull red
- 2. pH must remain between 7.35–7.45
- 3. Blood temperature is slightly higher than body temperature at 100.4°F
- 4. In a healthy man, blood volume is about 5–6 liters or about 6 quarts
- 5. Blood makes up 8% of body weight

 C. Blood Plasma

- 1. Composed of approximately 90% water
- 2. Includes many dissolved substances
 - a) Nutrients
 - b) Salts (electrolytes)
 - c) Respiratory gases
 - d) Hormones

- e) Plasma proteins
 - (1) Most abundant solutes in plasma
 - (2) Most plasma proteins are made by liver
 - (3) Various plasma proteins include
 - (a) Albumin - regulates osmotic pressure
 - (b) Clotting proteins - help to stem blood loss when a blood vessel is injured
 - (c) Antibodies (immunoglobulins) - help protect the body
- f) Waste products
 - (1) Acidosis
 - (a) Blood becomes too acidic
 - (2) Alkalosis
 - (a) Blood becomes too basic
 - (b) In each scenario, the respiratory system and kidneys help restore blood pH to normal
- D. Formed Elements
 - 1. Erythrocytes
 - a) Red blood cells (RBCs)
 - 2. Leukocytes
 - a) White blood cells (WBCs)
 - 3. Platelets
 - a) Cell fragments
 - 4. Characteristics of Formed Elements of the Blood
 - a) Erythrocytes (red blood cells or RBCs)
 - (1) Main function is to carry oxygen
 - (2) Anatomy of circulating erythrocytes
 - (a) Biconcave disks
 - (b) Essentially bags of hemoglobin
 - (c) Anucleate (no nucleus)
 - (d) Contain very few organelles

- (3) 5 million RBCs per cubic millimeter of blood
- (4) Hemoglobin
 - (a) Iron-containing protein
 - (b) Binds strongly, but reversibly, to oxygen
 - (c) Each hemoglobin molecule has four oxygen binding sites
 - (d) Each erythrocyte has 250 million hemoglobin molecules
 - (e) Normal blood contains 12–18 g of hemoglobin per 100 mL blood
- (5) Homeostatic imbalance of RBCs
 - (a) Anemia is a decrease in the oxygen-carrying ability of the blood
 - (b) Sickle cell anemia (SCA) results from abnormally
 - (c) Polycythemia is an excessive or abnormal increase in the number of erythrocytes
- b) Leukocytes (white blood cells or WBCs)
 - (1) Crucial in the body's defense against disease
 - (2) These are complete cells, with a nucleus and organelles
 - (3) Able to move into and out of blood vessels (diapedesis)
 - (4) Can move by ameboid motion
 - (5) Can respond to chemicals released by damaged tissues
 - (6) 4,000 to 11,000 WBC per cubic millimeter of blood
 - (7) Abnormal numbers of leukocytes
 - (a) Leukocytosis
 - (i) WBC count above 11,000 leukocytes/mm³
 - (ii) Generally indicates an infection
 - (b) Leukopenia
 - (i) Abnormally low leukocyte level
 - (ii) Commonly caused by certain drugs such as corticosteroids and anticancer agents
 - (c) Leukemia
 - (i) Bone marrow becomes cancerous, turns out excess WBC
 - (8) Types of leukocytes

- (a) Granulocytes
 - (i) Granules in their cytoplasm can be stained
 - (ii) Possess lobed nuclei
 - (iii) Include neutrophils, eosinophils, and basophils
- (b) Agranulocytes
 - (i) Lack visible cytoplasmic granules
 - (ii) Nuclei are spherical, oval, or kidney-shaped
 - (iii) Include lymphocytes and monocytes
- (c) List of the WBCs from most to least abundant
 - (i) Neutrophils
 - (ii) Lymphocytes
 - (iii) Monocytes
 - (iv) Eosinophils
 - (v) Basophils
- (9) Types of granulocytes
 - (a) Neutrophils
 - (i) Multilobed nucleus with fine granules
 - (ii) Act as phagocytes at active sites of infection
 - (b) Eosinophils
 - (i) Large brick-red cytoplasmic granules
 - (ii) Found in response to allergies and parasitic worms
 - (c) Basophils
 - (i) Have histamine-containing granules
 - (ii) Initiate inflammation
 - (iii) also produce anticoagulant called heparin
- (10) Types of agranulocytes
 - (a) Lymphocytes
 - (i) Nucleus fills most of the cell
 - (ii) Play an important role in the immune response
 - (b) Monocytes

- (i) Largest of the white blood cells
- (ii) Function as macrophages
- (iii) Important in fighting chronic infection
- c) Platelets
 - (1) Derived from ruptured multinucleate cells (megakaryocytes)
 - (2) Needed for the clotting process
 - (3) Normal platelet count = 300,000/mm³
- E. Hematopoiesis
 - 1. Blood cell formation
 - 2. Occurs in red bone marrow
 - 3. All blood cells are derived from a common stem cell (hemocytoblast)
 - 4. Hemocytoblast differentiation
 - a) Lymphoid stem cell produces lymphocytes
 - b) Myeloid stem cell produces all other formed elements
 - 5. Formation of Erythrocytes
 - a) Unable to divide, grow, or synthesize proteins
 - b) Wear out in 100 to 120 days
 - c) When worn out, RBCs are eliminated by phagocytes in the spleen or liver
 - d) Lost cells are replaced by division of hemocytoblasts in the red
 - e) Control of Erythrocyte Production
 - (1) Rate is controlled by a hormone (erythropoietin)
 - (2) Kidneys produce most erythropoietin as a response to reduced oxygen levels in the blood
 - (3) Homeostasis is maintained by negative feedback from blood
 - 6. Formation of White Blood Cells and Platelets
 - a) Controlled by hormones
 - (1) Colony stimulating factors (CSFs) and interleukins prompt bone marrow to generate leukocytes
 - (2) Thrombopoietin stimulates production of platelets
- F. Hemostasis

- 1. Stoppage of bleeding resulting from a break in a blood vessel
- 2. Hemostasis involves three phases
 - a) Vascular spasms
 - (1) Vasoconstriction causes blood vessel to spasm
 - (2) Spasms narrow the blood vessel, decreasing blood loss
 - b) Platelet plug formation
 - (1) Collagen fibers are exposed by a break in a blood vessel
 - (2) Platelets become “sticky” and cling to fibers
 - (3) Anchored platelets release chemicals to attract more platelets
 - (4) Platelets pile up to form a platelet plug
 - c) Coagulation (blood clotting)
 - (1) Injured tissues release tissue factor (TF)
 - (2) PF3 (a phospholipid) interacts with TF, blood protein clotting factors, and calcium ions to trigger a clotting cascade
 - (3) Prothrombin activator converts prothrombin to thrombin (an enzyme)
 - (4) Thrombin joins fibrinogen proteins into hair-like molecules of insoluble fibrin
 - (5) Fibrin forms a meshwork (the basis for a clot)
- 3. Blood usually clots within 3 to 6 minutes
- 4. The clot remains as endothelium regenerates
- 5. The clot is broken down after tissue repair
- 6. Undesirable Clotting
 - a) Thrombus
 - (1) A clot in an unbroken blood vessel
 - (2) Can be deadly in areas like the heart
 - b) Embolus
 - (1) A thrombus that breaks away and floats freely in the bloodstream
 - (2) Can later clog vessels in critical areas such as the brain
- 7. Bleeding Disorders
 - a) Thrombocytopenia

- (1) Platelet deficiency
- (2) Even normal movements can cause bleeding from small blood vessels that require platelets for clotting
- b) Hemophilia
 - (1) Hereditary bleeding disorder
 - (2) Normal clotting factors are missing
- G. Blood Groups and Transfusions
 - 1. Large losses of blood have serious consequences
 - a) Loss of 15–30% causes weakness
 - b) Loss of over 30% causes shock, which can be fatal
 - 2. Transfusions are the only way to replace blood quickly
 - 3. Transfused blood must be of the same blood group
 - 4. Human Blood Groups
 - a) Blood contains genetically determined proteins
 - b) Antigens (a substance the body recognizes as foreign) may be attacked by the immune system
 - c) Antibodies are the “recognizers”
 - d) Blood is “typed” by using antibodies that will cause blood with certain proteins to clump (agglutination)
 - e) There are over 30 common red blood cell antigens
 - f) The most vigorous transfusion reactions are caused by ABO and Rh blood group antigens
 - 5. ABO Blood Groups
 - a) Based on the presence or absence of two antigens
 - (1) Type A
 - (2) Type B
 - (3) The lack of these antigens is called type O
 - (4) The presence of both antigens A and B is called type AB
 - (5) The presence of antigen A is called type A
 - (6) The presence of antigen B is called type B
 - (7) The lack of both antigens A and B is called type O

- b) Blood type AB can receive A, B, AB, and O blood
 - (1) Universal recipient
- c) Blood type B can receive B and O blood
- d) Blood type A can receive A and O blood
- e) Blood type O can receive O blood
 - (1) Universal donor
- 6. Blood Typing
 - a) Blood samples are mixed with anti-A and anti-B serum
 - b) Coagulation or no coagulation leads to determining blood type
 - c) Typing for ABO and Rh factors is done in the same manner
 - d) Cross matching - testing for agglutination of donor RBCs by the recipient's serum, and vice versa
- 7. Rh Blood Groups
 - a) Named because of the presence or absence of one of eight Rh antigens (agglutinin D) that was originally defined in Rhesus monkeys
 - b) Most Americans are Rh+ (Rh positive)
 - c) Problems can occur in mixing Rh+ blood into a body with Rh- (Rh negative) blood
 - d) Rh Dangers During Pregnancy
 - (1) Danger occurs only when the mother is Rh- and the father is Rh+, and the child inherits the Rh+ factor
 - (2) RhoGAM shot can prevent buildup of anti-Rh+ antibodies in mother's blood
 - (3) The mismatch of an Rh- mother carrying an Rh+ baby can cause problems for the unborn child
 - (a) The first pregnancy usually proceeds without problems
 - (b) The immune system is sensitized after the first pregnancy
 - (c) In a second pregnancy, the mother's immune system produces antibodies to attack the Rh+ blood (hemolytic disease of the
- H. Developmental Aspects of Blood
 - 1. Sites of blood cell formation

- a) The fetal liver and spleen are early sites of blood cell formation
- b) Bone marrow takes over hematopoiesis by the seventh month
- 2. Fetal hemoglobin differs from hemoglobin produced after birth
- 3. Physiologic jaundice results in infants in which the liver cannot rid the body of hemoglobin breakdown products fast enough