PROCEDURE FOR TAKING AND LABELLING A TRANSFUSION SAMPLE AND COMPLETING THE REQUEST FORM

EDITION No	01
EFFECTIVE DATE	5th February 2013
REVIEW INTERVAL	Annual
AUTHORISED BY	Dr Hilary O'Leary
APPROVED BY	Claire O'Grady, Mary P. Fitzgerald, Mary Deasy, Mary O'Brien, Fiona McKeogh, Bridget Lane, Loretta Brown
AUTHOR	Norma O'Brien,
LOCATION OF COPIES	See Q Pulse distribution list

Document Revision History		
Change Request No. & edition no.	**Description of Change**	**Date of Issue**
Edition 01	**1.** New edition replacing HP-A-BTR-SAMPLE Edition 01 and HP-A-BTR-REQUEST Edition 01. **2. Section 1.5**: Add the following: "1.5.1." haematology clinical nurse manager. 1.5.2 - Designated nurses/midwives in pre-defined areas (Pre operative assessment clinics and RMH-M3) may request a group and screen without requiring a doctor's signature. Designated nurses may also request blood components for procedures included in the MSBOS e.g. TKR." Phlebotomists in RMH-M3 can complete the request form for placenta previa patients for weekly group and antibody screen only.	

0 INTRODUCTION

0.1. Scope and purpose

0.1.1. To define the procedure for taking and labelling transfusion samples
0.1.2 Transfusion samples may be taken by any doctor, registered nurse/midwife or phlebotomist who has received appropriate documented haemovigilance training.

0.2. Responsibilities

0.2.1. It is the responsibility of the medical staff or named designee to complete and sign the transfusion request form.
0.2.2. It is the responsibility of the person who takes the sample to complete the details on the sample bottle and to sign the relevant section ("specimen taken by") on the request form.
0.2.3. Indelible ink should be used for labelling of sample tubes.
0.2.4. It is the responsibility of the person who takes the sample to ensure that the sample is placed in the appropriate container for onward transportation to the blood transfusion laboratory.

0.3. Definitions

0.3.1 N/A

0.4. Abbreviations

0.4.1.	MRN	Medical Record Number
0.4.2.	EDTA	Ethylenediaminetetraacetic acid
0.4.3.	FMH	Fetomaternal haemorrhage
0.4.4.	PID	Patient Identification Details
0.4.5.	ID	Identification
0.4.6.	RN	Registered General Nurse
0.4.7.	RM	Registered Midwife
0.4.8.	MWRHL	Mid-Western Regional Hospital, Limerick
0.4.9.	MWROH	Mid-Western Regional Orthopaedic Hospital, Croom
0.4.10.	MWRMH	Mid-Western Regional Maternity Hospital
0.4.11.	SJH	St John's Hospital
0.4.12.	MWRHN	Mid-Western Regional Hospital, Nenagh
0.4.13.	MWRHE	Mid-Western Regional Hospital, Ennis
0.4.14.	BHL	Barrington's Hospital, Limited
0.4.15.	MCC	Milford Care Centre
0.4.16.	TKR	Total knee replacement

0.5. Related Documents

PPPGG-LNP-32 Venepuncture policy for nurses and midwives
PPPGC-RW-PI-I Patient identification policy and procedure
HP-A-BTR-BLOODTRACKTX Use of BloodTrack Tx for Blood Sample Collection and Blood Component Administration.

1 PROCEDURE

1.1. Procedure for obtaining positive patient identification

1.1.2 Ask the patient to state their name and date of birth.
1.1.3 Check this information against:
- The hospital identity band that the patient is wearing.
- The patient's medical notes.
- The request form.

1.1.4 All inpatient and day case patients wear an identification band with the exception of paediatrics and neonates who wear two bands.
1.1.5 Outpatients/antenatal clinics are not required to wear identity bands; therefore, positive identification is established by asking the patient to state their name and date of birth and verifying against the healthcare record.
1.1.6 If a patient is unconscious, confused or a neonate, check the details on the identity wristband(s) against the patient's medical notes and the transfusion request form; verify the patient identity with another staff member and a next of kin where possible.
1.1.7 Do not proceed with taking the blood sample until you have obtained positive patient identification.
1.1.8 Only one patient should be bled at a time to minimise the risk of error.

1.2. Procedure for taking and labelling a transfusion sample.

1.2.1 Take the sample as per the hospital's venepuncture procedure.
1.2.2 Sample required
- Adults: 7.5ml EDTA
- Children: 7.5ml EDTA
- Neonates: 2.7ml EDTA

1.2.3 Label the blood sample at the patient's bedside. Never pre-label sample tubes.

1.2.4 Sign the tube in the space provided to indicate you took the sample and are confirming the patient's identity.
1.2.5 The person who takes the sample must also sign the relevant section of the request form.
1.2.6 Addressograph labels will not be accepted on samples or request forms. All details must be handwritten using indelible ink.
1.2.7 The following details are mandatory on the sample tube:
- Surname and full first name
- Hospital Identification Number e.g. C123456 (PID numbers will not be accepted) Note: the hospital identification number for St John's Hospital is called the MRN number
- Date of birth
- The date and time the sample was taken
- The signature of the person who took the sample

1.2.8 The blood transfusion laboratory reviews the accuracy of all request forms and samples and where significant inaccuracies or errors are identified, the person who took the sample will be requested to take a fresh sample.
1.2.9 Please take time to label samples accurately as this avoids any unnecessary delay in having blood available for use.

1.3. Mother and Cord samples

1.3.1 When taking mother and cord samples, the sample must be clearly labelled mother and cord in addition to the usual patient identifiers.
1.3.2 The maternal sample for FMH estimation should be taken when sufficient time has elapsed to allow fetal cells to be distributed within the maternal circulation following delivery, manual removal of placenta or another sensitising event.
1.3.3 A period of 30 to 45 minutes is considered adequate.

1.4. *Procedure for labelling a transfusion sample in an emergency situation where the patient cannot be positively identified*

1.4.1. The sample and request form should be labelled with:
- Name: Alpha Alpha, etc as per the NATO phonetic alphabet
- Medical record number
- Gender and approximate age
- Date and time specimen was taken
- Location and signature of the person who took the sample

1.4.2. The patient must be wearing identity wristbands displaying the above details to facilitate checking of blood components/blood products prior to administration.
1.4.3. If more than one unidentified person requires blood sampling, they should be identified as per the NATO phonetic alphabet.
1.4.4. A new sample and request form with full patient details should be sent to the blood transfusion laboratory as soon as the patient can be positively identified.
1.4.5. Where emergency blood products are required for theatre, patient details should not be changed until after they have returned from theatre and are stable.

1.5. Procedure for completing BB1 (Blood Transfusion Request Form)

1.5.1. A blood transfusion laboratory request form must be completed by a doctor or haematology clinical nurse specialist/haematology clinical nurse manager, using a black indelible pen, for all requests for blood components and blood products except for 'mother and baby' samples.
1.5.2. Designated nurses/midwives in pre-defined areas (Pre operative assessment clinics and RMH-M3) may request a group and screen without requiring a doctor's signature.
1.5.3. Phlebotomists in RMH-M3 can complete the request form for placenta previa patients for weekly group and antibody screen only.

1.5.4. Designated nurses may also request blood components for procedures included in the MSBOS e.g. TKR.
1.5.5. Addressograph labels must not be used on request forms.
1.5.6. The following details must be entered accurately and legibly on the request form (block capitals):

- Hospital chart number (PID numbers will not be accepted)
- Surname and forename
- Date of birth (DOB)
- Sex
- If female, pregnant (yes/no tick boxes)
- Current address
- Hospital
- Specimen date (day/month/year)
- Specimen time (24 hour clock)
- Ward
- Consultant
- Specimen taken by
- Copy of report to
- Check test required (Consult the laboratory user manual for information on tests performed by the transfusion laboratory)
- Special transfusion requirements (e.g. CMV negative or irradiated blood components). Consult the relevant guideline on transfusion management of patients with special transfusion requirements.
- Indicate priority of the request. All requests which require results within four hours must be accompanied by a telephone call to the transfusion laboratory.
- Date component is required and time
- Haemoglobin results
- Diagnosis and clinical details (include cardio/pulmonary symptoms)
- Name of the operative procedure if applicable
- History of previous transfusion reactions
- Quantity of blood components and /or blood products required should be completed under requirements
- The reason for transfusion 'tick box' must be completed for red cell concentrates, frozen plasma and platelet concentrates. Consult the MSBOS on the reverse of the request form.
- Doctor's/nurse's signature, bleep number and MCRN/PIN where appropriate.

1.5.4 Incorrectly /inadequately completed request forms will not be processed by the laboratory.

1.6. Procedure for completing BBEM (major emergency request form)

1.6.1. A major emergency request form can only be completed by a doctor
1.6.2. The following must be completed:

- Major emergency number
- Name (if known) in block capitals
- Sex of patient
- Date of birth or approximate age
- Hospital
- Sample date
- Sample time
- Sample taken by
- The quantity of RCC or blood product should be indicated in the box marked 'number' beside red cell concentrates, frozen plasma, platelet concentrates, batch products (other).
- Ward

- Check test required: group and screen or group specific
- Clinical details
- Doctor's signature and bleep number.