

BLOOD SPECIMEN / REQUEST FORM LABELLING FOR PRE-TRANSFUSION TESTING

Staff this document applies to:

Registered Nurses; Enrolled Nurses – Medication Qualified; Medical Staff; Pathology Collectors; Pathology Laboratory Scientists.

An Enrolled Nurse – Medication Qualified is an EN who holds a Nursing and Midwifery Board of Australia (NMBA) approved qualification in administration of medicines. To participate in patient care and administration of blood or blood products, the Enrolled Nurse must have successfully completed the relevant Medication Qualified (IV) education and the BloodSafe Clinical Transfusion Practice (CTP) e-learning package.

State any related Austin Health policies, procedures or guidelines:

Patient Identification

Venipuncture – Peripheral Blood Specimen Collection Nursing Standard

Rationale:

Errors made during the collection of a pre-transfusion specimen can be devastating, initiating a chain of events that may lead to an ABO incompatible blood transfusion. Robust patient identification, specimen labelling processes and mandatory criteria for labelling specimens and request forms, are all crucial to safe blood transfusion.

Purpose:

This document informs all staff of Austin Health policy related to the minimum patient identification criteria required for labelling a specimen and request form for pre-transfusion testing.

The document outlines the principles of positive patient identification and specimen labelling to ensure that the blood specimen is drawn from the intended patient. All staff performing venipuncture must adhere to the criteria and processes outlined within this document.

Definitions:

Pre-Transfusion Testing: Compatibility test prior to the administration of Red Blood Cells, Platelets, Fresh Frozen Plasma and Cryoprecipitate. This includes: ABO & Rh grouping, antibody screening and cross-matching.

Wrong Blood in Tube: Blood contained in the specimen tube does not belong to the patient indicated on the specimen tube (and / or request form). The error is generally identified in the laboratory when the specimen blood group does not match the patient's historical blood group. The situation becomes unsafe when there is no historical blood group for comparison and this may lead to the issue and administration of an ABO incompatible blood transfusion.

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ALL specimens and request forms for pre-transfusion testing **MUST** comply with the **MANDATORY Patient Identification Criteria** outlined below:

Pre-Transfusion Specimen - Mandatory Labelling Criteria:

Details:	Requirement:
Patient Surname <u>AND</u> Given Name – In FULL	MANDATORY
Patient UR Number	MANDATORY
Date of Birth	MANDATORY
Collector's signature or initials	MANDATORY
Full date of collection	MANDATORY
Time of collection	MANDATORY

Request For Blood / Blood Products Request Form - Mandatory Labelling Criteria:

Details:	Requirement:
Patient Surname <u>AND</u> Given Name – In FULL	MANDATORY
Patient UR Number	MANDATORY
Date of Birth	MANDATORY
Collector's signature <u>AND</u> Collector's printed name in the Collection Declaration Statement area	MANDATORY
Full date of collection in the Collection Declaration Statement area	MANDATORY
Time of collection in the Collection Declaration Statement area	MANDATORY

- If one or more of the mandatory labelling criteria is absent, then the specimen <u>and</u> request form will be rejected and a recollection will be required - <u>including a new specimen</u> <u>and request form</u> which conforms to the mandatory labelling criteria.
- All details must correspond completely and correctly between the blood specimen tube and the request form. Where inconsistencies of spelling or numerical inaccuracy are present, the specimen will be rejected, and a recollection will be required, including a new specimen and request form which conforms to the mandatory labelling criteria.
- In the absence of a valid Group & Screen, **un-crossmatched O-negative blood can be issued immediately in <u>urgent</u> situations only.**

Any discussion related to application of these criteria must be directed to the Austin Health Transfusion Nurse - Pager 3291, or on-call Laboratory Haematologist - Pager 5981.

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Principles of Positive Patient Identification:

<u>All patients must always be identified immediately prior to specimen collection</u> using the following process:

- Ask the patient to state their FULL NAME, DOB and UR Number if known.
- Check that the information provided by the patient (including UR Number) fully matches their Identification Wristband and the Request for Blood/Blood Products Pathology Request Form.
- Unconscious patients **must** be identified using the Identification Wristband. Check the patient's FULL NAME, DOB and UR Number. If possible also verify the information by asking family, relatives or another member of staff who knows the patient.
- If there are any discrepancies **<u>DO NOT PROCEED</u>**. Rectify the problem immediately.
- Under no circumstances should passive modes of identification be used to establish the identity of a patient e.g. bed cards, hospital charts, or not checking patient identification because the patient is known to staff.

Principles of Specimen Labelling:

- Ensure that the request form has fully completed and accurate patient details written on it, or correct patient identification label attached.
- Assemble all the necessary equipment in order to take the blood specimen, label and package at the bedside.
- Positively identify the patient immediately prior to collecting the specimen.
- Label the specimen immediately following collection and **at the patient's bedside** as per mandatory labelling criteria above.
- Either label the specimen by hand using the identification details stated by the patient and the patient's Identification Wristband; or a patient identification label may be used. Ensure that the identification details on the label are identical to the details stated by the patient and those on the patient's Identification Wristband.
- Ensure that you **sign/initial**, **date and time the specimen** as confirmation that the patient identification details are correct.
- Ensure that you **sign** <u>AND</u> **print your name, and date and time** the Collection Declaration Statement are on the Request form.
- Package up the specimen immediately after labelling at the patient's bedside, and dispatch to Austin Pathology Department for processing.

Alerts:

- **DO NOT** label the specimen tube prior to taking the blood
- **DO NOT** walk around with unlabelled specimen tubes that are filled with blood
- **DO NOT** abbreviate the patient's name e.g. T. Belle, Bill in place of William, etc
- **DO NOT** take blood from more than one patient at a time
- **DO NOT** send samples from multiple patients in the same Pathology bag

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Evaluation:

Failure to adhere to the minimum labelling criteria suggests that patient identification and specimen labelling procedures may have been compromised. The specimen and request form will be rejected and a RISKMAN incident report will be generated in these instances.

Data on specimen and request form labelling errors will be reported to relevant Nursing and Medical Unit Department Heads and to the Austin Health Blood Transfusion Committee.

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Legislation/References/Supporting Documents:

- 1. Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), *National Safety and Quality Health Service Standards,* ACSQHC, Sydney
- 2. Guidelines for Pre-transfusion Laboratory Practice. ANZSBT, 5th Edition. 2007.
- 3. Guidelines for the Administration of Blood Components.1st Edition. 2004
- 4. Serious Hazards of Transfusion Report 2010

Authorised/Endorsed by:

Austin Health Blood Transfusion Committee

Primary Person/Department Responsible for Document:

Austin Health Blood Transfusion Committee

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