

Appendix 3: Blood transfusion Sampling policy

'Wrong blood in tube' errors whereby a sample tube is labelled with the incorrect patient details or the wrong patient was bled can lead to a fatal ABO-incompatible transfusion. To prevent this the laboratory has strict sample acceptance criteria and operates a group check policy.

Sample Rejection

Mislabeled samples have been demonstrated to be more likely to be wrong blood in tubes and therefore NHS Borders operates a zero tolerance policy and will not accept any samples which do not conform to the sample/request from labelling requirements.

All documentation relating to blood transfusion including sample label MUST show the following identifiers:

- Surname
- Forename
- Date of Birth
- CHI number*
- Sex

*Patients for whom a normal CHI number is not available, for example individuals not normally resident in Scotland, will be issued with a temporary Borders (TB) CHI number by the PMS system.

Addressograph labels can be used on blood transfusion request forms however samples MUST be handwritten.

In addition to the above, the request form must be signed by the medical officer requesting the transfusion and counter signed by the person drawing the sample if this is different. Person drawing the sample must sign sample tube.

The laboratory will **reject** requests, samples or other documentation where any of the above identifiers are missing or incorrect.

Group Check policy

The transfusion laboratory will not issue group-specific blood components if only one blood group record is available for the patient. This is to prevent blood components being issued to a 'wrong blood in tube' sample. A repeat group and screen will be requested if no historic group is available on the laboratory information management system.

The second sample should be taken from an independent blood draw with the necessary positive patient identification checks performed again, ideally by a different member of staff than who took the first sample.

The laboratory staff will contact the clinical area if a repeat sample is needed or they can be contacted on X26248 (routine hours) or bleep 26247 (out of hours) to check blood group status. Please do **not** re-bleed a patient unless the laboratory confirms that this is necessary.

Two samples should not be taken at the same time from the same blood draw as this would not allow the laboratory to pick up a potential 'wrong blood in tube' event and therefore negates the patient safety purpose of the group check policy.

Blood Transfusion Request Form and sample bag

NHS BORDERS		BLOOD TRANSFUSION		01896 826248	
CHI Number <input type="text"/>	Patient's Address	Consultant / GP	Sample Date		
Surname	LABEL	Ward / Surgery	Sample Time		
Forename		Requesting Clinician: Print	Sample Type		
Date of Birth		Sign	Sample Taken by Print		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Bleep No.	Sign		
CLINICAL DETAILS					
Risk of Infection <input type="checkbox"/> No <input type="checkbox"/> Yes (IF YES DOUBLE BAG)					
INVESTIGATIONS	Antenatal Serology Consultant Obstetrician	URGENCY			
<input type="checkbox"/> Group & Save	Booking Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Immediately (emergency O NEG)	<input type="checkbox"/> > 40 Min] Full X-Match	
<input type="checkbox"/> Direct Antiglobulin Test	EDD/...../.....	<input type="checkbox"/> 10 - 15 Min (Group Specific)	<input type="checkbox"/> Within 3 hours		
<input type="checkbox"/> Cross Match	<input type="checkbox"/> Rhesus programme Anti-D this pregnancy Yes / No Date/Dose given	<input type="checkbox"/> Routine Antenatal	<input type="checkbox"/> Same day		
Other		PATIENT TRANSFUSION HISTORY			
PRODUCTS (state quantity/dose required)		Transfused / Pregnant within the last 3 months Yes <input type="checkbox"/> No <input type="checkbox"/>			
RCC	Platelets*	Antibodies			
FFP*	Cryoprecipitate*	LAB USE ONLY			
Anti-D	Other				
Special Requirements (see policy on Intranat Blood Transfusion site)	CMV Neg <input type="checkbox"/> Irradiated <input type="checkbox"/>	Received Date & Time	BARCODE		
Required By: Date	Time	Received by			
*Consultant Haematologist clearance may be necessary		Final Check by			
		Group Abs			
		Date of Last Transfusion/...../.....			
ALL SAMPLES MUST BE ADEQUATELY LABELLED. INADEQUATELY LABELLED SAMPLES WILL NOT BE PROCESSED					

BLOOD TRANSFUSION

CHECK BEFORE SENDING

- Information Correct
- Fully Completed
- Form and sample Match

EASY OPENING, PLEASE TEAR AT EDGES

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- Collection of the sample and labelling of the sample tubes must be performed as one uninterrupted process involving one member of staff and one patient.
- Please contact the BTS Laboratory on x26248 (Out of Hours Bleep 6247) to determine if a second sample is required prior to taking another sample.
- The laboratory has a 'zero tolerance' policy for rejecting samples that do not meet the minimum requirements.



RIGHT BLOOD

RIGHT PATIENT

