KAISER PERMANENTE

Kaiser Permanente Medical Center, San Francisco
Northern California Region
********** **********

Work Instruction

Title: TS-Double Check		**WI Number** SFOWI-0054 **Revision:** 14
Department: Immunohematology **Area:** 2425 Geary Blvd SFO Hospital Lab	***Document is in the Final Approval Process. 2 - approvals are required***	
Type of Document: Work Instruction		**Review Period -** 340 **Days**

PURPOSE

The purpose of a Double Check (DBCK) policy is to ensure the accuracy of a patient's ABORh prior to the transfusion of any blood products. The accuracy is achieved through positive patient identification at the time of specimen collection.

This facility has adopted a policy that requires the ABORh be performed on two independently identified specimens drawn separately. Double Check is required prior to the transfusion of any blood component, including RBC, Plasma, Platelets, Cryoprecipitate and Granulocytes.

DBCK is not required for emergency release of uncrossmatched O Neg PRBCs. Patients who have no previous ABORh record require a second independently identified specimen collected separately from the initial sample.

If the DBCK specimen is to be collected with the initial sample (i.e. in situations requiring urgent blood products transfusion), two licensed personnel must verify the patient's identity independent of each other and draw the samples separately with documentation of their signature/initials/NUID on the respective samples and requisitions.

Historical ABORh in the LIS or in CIPS satisfies the requirement for DBCK. Neonates as well as adult patients require DBCK to verify their blood types.

REAGENTS

A. Blood grouping reagent Anti-A, Anti-B, A_1 cell, B cell
B. Rh typing reagent: Anti-D and Control
C. Blood Bank saline

EQUIPMENT:

A. Computer Information System
B. Supplies and equipment for manual tube ABORh
C. Automated analyzer

SPECIMEN

A. Blood specimen collected in EDTA that is properly labeled with the phlebotomist's signature/initials/NUID, time and date of draw.
B. Blood specimen collected in heparinized capillary tube that is properly labeled with the phlebotomist's signature/initials/NUID, time and date of draw.
C. Specimens must meet the requirements specified in the ***Blood Bank Specimen and Requisition*** SOP.

QUALITY CONTROL
Refer to ***Daily Reagent Quality Control*** SOP.

PROCEDURE:
A. Every sample regardless of prior history or test results must be checked for **patient blood bank history** in CIPS and the current LIS.
1. **CIPS Lookup**
a. Type **KPGO/CICSPROA**, then type sign on ID and password.
b. Select option CIPS - CDR display.
c. Enter the patient's medical record number (MR#) at the PATIENT field.
d. Tab through the PROVIDER field.
e. Enter **Lab** at the CATEGORY field.
f. Enter **Menu** at the VIEW field.
g. Enter **010192** at FR DATE and current date in the format of DDMMYY at TO DATE field. Press ENTER.
h. Press TAB to bring the cursor to TEST MNEMONICS.
i. Type BB and press ENTER.
j. **F8 to search through the end of the record, checking all previous blood types and atypical antibodies. F7 to return to previous page. F3 to return to main menu/enter another MR#.**
k. Record the blood type, antibody identification, special needs and any relevant comments from CIPS on the requisition.
l. Initial for completing the CIPs history check.
2. LIS Lookup
a. Inquire patient's transfusion history in the current LIS. Check patient's antibody history, comments and special needs.
b. Newborns/nursery patients require a DBCK. Cord blood type can be used as a DBCK.
c. Record the blood type, antibody identification, special needs and any relevant comments from the LIS on the requisition.
d. Initial for completing the LIS history check.

B. Patients with NO previous or Historical ABORh
1. Stamp DBCK on the requisition to indicate that a second ABORh is needed.
2. The requisition for blood bank orders such as Type & Screen and Type & Crossmatch can be reprinted and used for drawing the DBCK sample.
3. When an order for surgery, Type & Cross or Prepare blood product is received, inform the nursing unit that DBCK is needed and document the notification.
4. When the sample arrives, order ABORh after verifying that it is acceptable per ***Blood Bank Specimen and Requisition*** SOP.
5. Perform forward and reverse blood groupings as well as Rh typing on the DBCK sample by automated method or manual tube for urgent request. Include Rh control for AB Pos patient.
6. Record the test results in LIS.
7. Cross out the DBCK stamp if the ABORh matches the historical blood type or the

initial specimen.

C. **Weak D Test**

1. It is not necessary to perform **Weak D testing** on a DBCK sample if the test was already performed on the initial sample.
2. Interpret the Rh based on Weak D test results of the initial sample and add the appropriate Result Comments.

D. **Discrepancy between the DBCK and Historical ABORh or Initial Specimen**

1 Request a third and a fourth specimen.
2. Discard the first and second specimens if still available.
3. Error correct the interpretations of the specimens determined to be mislabeled/misidentified with the appropriate Result Comments in LIS.
4. In case of emergency and transfusion is needed before discrepancy can be resolved, give uncrossmatched O Neg PRBCs in which case the physician has to sign an emergency release form to waive the antibody screen and crossmatch testing.

INTERPRETATION/RESULTS

Refer to ***Performing ABO Grouping & Investigating ABO Grouping Discrepancies*** and ***Rh(D) Typing*** SOPs.

PROCEDURE NOTE(S)

A. When **unable to obtain a DBCK** specimen in an emergency, a physician can sign the Emergency Release form to forego DBCK testing and **O Neg pRBCs will be issued**.

REFERENCE

1. AABB Standards for Blood Banks and Transfusion Services, current edition, Bethesda, MD.
2. KP Northern California Blood Transfusion Risk Reduction Strategies, 2005.

Associated Documents:

External Documents

Associated Documents:

SFOWI-0079 -- TS-Blood Bank Specimen and Requisition
SFOWI-0084 -- TS - Rho(D) Typing
SFOWI-0082 -- TS - Performing ABO Grouping & Investigating ABO Grouping Discrepancies

Click to Open an Associated Document

Documents Generated:

Document Revision History:

Revision: 14	**Date Created:** 09/13/2005 **Date of Last Revision:** 06/14/2018	**Last Approval Date:** 08/24/2016

Document Author: Cara H Lim/CA/KAIPERM	

Reason for Change:

Revision:	Sec/Para Changed	Change Made:	Date
1	N/A	Initial Issue of Document	9/13/2005
2	Approver	New Lab Director	1/7/07
3,4	Procedure A,B	RILIS computer system to check history and result ABO CK.	4/15/07
5	Procedure	Add to perform forward group, perform reverse typing.	5/15/07
6	Approver	New Lab Director	7/1/07
7	Procedure	Delete date and time of historical blood type from LL and CIPS Change double check test from ABO CK to ABORH	7/27/07
8	Procedure	Change patient lookup in LifeLine access data base.	8/22/08
9	Procedure	Incorporated KPHC work flow	7/1/09
10	Purpose Procedure A., B., D. Procedure Notes. A. Approver	Changed to meet FDA guidance for second sample. Deleted instructions pertaining to RILIS. Changed RILIS to LIS. Change Lab Director	5/17/11
11	Approver Procedure B	New Lab Director. Deleted instructions to enter patient into the LIS.	2/12/13
12	Approver Procedure B.4 and Associated Documents	New BB Medical Director. Added SFOWI-0079 Blood Bank Specimen and Requisition.	11/18/13
13	Approver	New CLIA Director.	8/23/16
14	Whole document Weak D Test	Reformatted to improve readability. Revised due to BPAM implementation on 3/20/18. Clarified Rh interpretation for DBCK sample.	5/18/18

Notification List:

Approvals:

First Approver's Signature

Name: Maria F Serrano/CA/KAIPERM
Title: Transfusion Service Medical Director

Second Approver's Signature

Name: Eric Suba/CA/KAIPERM
Title: Chief of Pathology; CLIA Director

Document History Section