KAISER PERMANENTE
Medical Care Program
California Division – South

SCPMG Laboratory Systems
Regional Donor Center
Process

Individual Donor Record Procedure Checklist

Purpose   This document is a checklist providing information intended to assist blood donor center (DC) personnel in knowing how to complete the various fields on the IDR (Individual Donor Record) for Autologous donation.

Process   When the donor arrives at the DC, they are greeted and asked the purpose of their visit. If they are here to donate Autologous blood or blood components, then initiate the process below to complete the IDR (Individual Donor Record)

	Follow the stages below to complete the IDR (Individual Donor Record) …..		
Stage	**Front**	**INFORMATION TO BE COLLECTED**	**COMPLETED BY**
	Shaded area to be completed by the DONOR		
1.	Appt	Mark this box if the donor has appointment. Otherwise leave it blank	**Registrar**
2.	Walk-in	Mark this box if a donor is a walk-in. Otherwise leave it blank	
3.	Arrival time	Record the time the donor is given the DHQ and paperwork	
4.	Reg time	Record/register the time the donor completed or returned the paperwork to the DC staff.	
5.	Date	Date of donation.	**Donor**
6.	Last Name	Donor's last name	
7.	First Name	Donor's first name	
8.	Middle name	Donor's middle initial or middle name (if applicable)	
9.	Male/Female	Donor's sex	
10.	Age	Donor's age	RN/CLS/LVN Trained Staff
11.	Height	Donor's height	
12.	Birthdate mm/dd/yyyy	Donor's birthday(mm/dd/yyyy)	
13.	Weight	Donor's weight	
14.	Email	Donor's email address (preferred but not required	

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15.	PREVIOUS RECORD	Check the Yes or No box if donor has or has a previous record at Kaiser. ***Note: the purpose of this question is to make sure previous donor records can be located and that there are no previous deferrals.***	RN/CLS/LVN/ Trained Staff
16.	Mark "Yes" or "No" for each of the following questions: Have you ever:		
17.	• donated or tried to donate before?	Donor marks the Yes or No box to indicate if they have or have not donated at a Kaiser DC or any other blood donor center	Donor
18.	• used a different (or another) name to donate blood or any blood products?	Donor marks the Yes or No box if they have or have not donated using another name. If they mark Yes, donor will record the Previous name(s) under the Last Name or First Name or both sections. • If they mark yes they must also provide the other or previous name.	
19.	Medical Record Number	Donor's medical record number	
20.	Surgery Date	Donor's surgery date	
21.	Surgery Location	Location of donor's surgery	
22.	Batch Location	Document location where blood is collected	
23.	DID	Computer generates DID #(Donor Identification) upon registration of new donor	
24.	Registered by	Initial of the staff performing the registration	
25.	Draw Entered By:	Person who enters this information in ST	
26.	**Autologous Vital Signs**		
27.	TEMP	Record donor's temperature	
28.	PULSE	Record donor's pulse	
29.	B/P	Record donor's blood pressure	
30.	HGB/HCT	Record donor's hemoglobin/hematocrit • If the donor requests a hemoglobin/ hematocrit or "iron" check, it is acceptable to perform a finger stick provided: o Donor completes the demographic	

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		field of the History card (IDR). o Donor signs and dates the consent field. o Donor may or may not have answered any of the IDR questions. • If the donor does not meet Hgb/Hct criteria: • Staff initials the Examiner's field o Provide the donor with deferral information and an Iron Rich Foods list. o Records the deferral code and write the effective date and eligibility date. • All acceptable donors are asked to complete the IDR, if not already completed.	
31.	ARM CK	Visual arm inspection. Mark the "OK" box for acceptable and "Not OK" for not acceptable. • OK means that BOTH arms are checked and are acceptable. • Refer to vital signs criteria.	
32.	Vitals Acceptable	Mark the box if all the above vitals are within acceptable range.	
33.	Vitals not Acceptable	Mark the box if any or all of the above vitals are not within acceptable range	
34.	Examiner (initial):	Initials of the staff performing the physical examination	
36	Review HX and/or vitals by (initial)	Signature of staff performing the review prior to phlebotomy. Note: The same staff may perform this function as long as (s)he stops and pauses before performing history check and vitals. The review should ensure: • all boxes are completed • the "Accept" or "Defer" box is checked. • Vitals are within acceptable range • All signatures and initials and dates are completed.	RN/CLS/LVN Trained Staff

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37	Deferral Code	Enter deferral code if donor is deferred, otherwise leave blank	RN/CLS/LVN Trained Staff
38	Effective Date:	Enter effective date of the deferral if donor is deferred, otherwise leave blank	
39	Eligibility Date:	Enter eligibility date for next donation of the donor, if they were deferred, otherwise leave blank.	RN/CLS/LVN Trained Staff
40	Comments	Enter comments if any, otherwise leave blank	RN/CLS/LVN Trained Staff
	Phlebotomy Information		
41	1 VP Arm Used	Mark the box indicating the left or right arm used for phlebotomy	RN/CLS/LVN
42	Start Time, End Time, Vol	Record start time and end time of the first phlebotomy **Vol: ONLY complete this if there is a 2nd stick or low volume draw:** Note: • Add volume of blood in bag + 62 mL (for blood in pouch+ 2mL for tubing) • Minimum volume is 333 mL (low volume unit).	RN/CLS/LVN
43	• QNS • FS • LV • OD	If a full unit is not drawn (or if unit is overdrawn), mark the appropriate box: • QNS – less than 333 mL drawn • FS (Failed Stick) –No blood drawn. • LV (Low Volume) – 333-449 mL drawn • OD (Over Draw) – over 550 mL drawn	RN/CLS/LVN Initial of staff performing the venipuncture.
44	1st Venipuncture by: (initial)		
45	Mark box	If Chagas testing needed or previously tested.	
	Reaction		
46	Donor Reaction	Mark box Yes/No	
47	Condition	Mark box, "No" for no donor reaction, "Yes" for donor who has reaction.	

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		If the donor has a reaction, mark box to specify intensity of reaction, "Mild", "Moderate", or "Severe". See: *Adverse Reactions To Blood Donations: Management Of Donor* for information on donor reactions.	
48	Start time	Record the beginning time of donor reaction.	
49	Release time	Record the time the donor was released.	
50	Condition	Record the donor's condition before donor is released	RN/CLS/LVN
51	Check all that apply	Mark box whether • the physician was called or a • Donor Reaction Report was filled or both. • Mark other boxes that apply to the donor's condition (as listed on the IDR	RN/CLS/LVN Trained Staff
52	Remedial Measures	Mark box what type of remedial measures done (as listed on IDR,)	Trained Staff
53	VITAL SIGNS	During time of donor reaction record vital signs.	
54	TIME	Indicate time pulse and blood pressure was taken during the donor reaction 2-3X	
55	PULSE	Record donor's pulse	
56	BP	Record blood pressure of donor during the reaction (2-3X).	
57	CARD CHECK BY (initial)	Initial and date after card check. *Note: It is always preferable to perform the final card check prior to the donor leaving the refreshment area, in the event they did not complete the IDR. This may not always be possible.* *See policy/procedure Individual Donor Record/Card Check Procedure*	RN/CLS/LVN
	Back Side IDR Card		
	Note: All questions must be answered at each donation		
58	Autologous Questions	Mark Yes or No • Follow up on any unexpected answers • Ensure that all questions have been answered. • IF the donor changes any answers, make sure the donor initials the change. It is not necessary for the DC staff to initial	Donor

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		the change. IF the donor is taking heart or antibiotic medication ask them as to why they are taking the medication.	
59	List of heart or antibiotic meds	Document if donor is taking antibiotics or heart medication	Donor
60	Comments	If any or leave it blank	Trained Staff
61	Donor Consent Donor Signature and date	Donor's signature after completing the questionnaire, and the date they signed.	Donor/Trained Staff
62	ID Verified/Witness Signature	Signature of staff member performing the ID verify for donor ID and the date, Refer to Procedure: Donor Registration in Safetrace-On-Line and Off-line and Verification of Blood Donor Identification.	Trained Staff
63	Authority to Consent	Signature of parent or guardian if donor is a minor	Parent/ Guardian
64	Date	Record the date of donation	Trained Staff
65	Autologous Med Hx. Evaluation	Mark box, "Accept" or "Defer" for completed history review • This determination is made after reviewing the Back side of the IDR card and ensuring all questions have been answered, and there are no deferrals or other problems that would make the donor ineligible to donate.. Ensure that the Historian has initialed the card.	Trained Staff

Process	Follow the stages below to complete the disposition of the IDR	
	Stage	Description
	1	After the final review of the IDR place it in the approved location for data entry into SafeTrace.
	2	The IDR are filed in a secure location in the Blood Donor Center.
	3	The cards are kept for 5-10 years

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Controlled Documents		Procedures
	1.	Autologous Screening Criteria
	2.	Adverse Reactions To Blood Donations: Management Of Donor
	3.	Hematocrit Determination Using the HematoSTAT Easy Read/Hemocue: Hemoglobin Measurement for Donor; QC and PM of Instrument
	4.	IDR cards
	5.	Autologous Consent Form from HealthConnect
	6.	Autologous Donation: Orders in Health Connect
	7.	Donor Registration in Safetrace- Off-line/On-line
	8.	Verification of Blood Donor Identification