# Applicable Laboratory(s):

[x]  North Carolina Baptist Hospital (NCBH)

[ ]  Lexington Medical Center (LMC)

[ ]  Davie Medical Center (DMC)

[ ]  Wilkes Medical Center (WMC)

[ ]  High Point Medical Center (HPMC)

[ ]  Westchester

[ ]  Clemmons

# Purpose

The purpose of this procedure is to perform a check of serologic records that allows comparison of current ABO tests with past results and identifies the previous existence of any clinically significant antibodies. The review of transfusion requirements ensures that the patient receives appropriate blood and components. Any discrepancy between the current record and the current results must be investigated immediately and resolved before transfusion. The history check requirement must be met even if there is a computer downtime. During downtime, the patient’s history should be accessed in the Patient data backup file located on designated computer terminals. Patient history check should be performed using BOTH patient name AND medical record number to find important historical information. Other Atrium facilities may use different medical record numbers for the same patient.

# Scope

This procedure applies to Atrium Health Wake Forest Baptist Main Campus Blood Bank staff and management.

# Definitions

1. Procedure: A process or method for accomplishing a specific task or objective.
2. WFBH Lab System: Wake Forest Baptist Lab System is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Lab at Westchester and Lab at Clemmons.
3. Sunquest: Blood Bank LIS computer system. Go live: March 2024.
4. BAD File: Blood Administrative Data computer file: The Blood Bank Administrative Data (BAD) computer file contains all special requirements in addition to current autologous and directed units available. Instructions, such as “wash blood/platelets” will also be in the BAD file. (Sunquest’s version of PCW)
5. PCW: Patient Caution Window
6. MRN: Medical Record Number
7. BMT: Bone Marrow Transplant
8. SCC: Soft Computer system, Blood Bank Information system to sunset March 2024.
9. Wake One: Epic before harmonization (Wake version of Epic)
10. Encompass: Epic after harmonization (Atrium version if Epic)

# Supplies/Materials

Computer with access to Sunquest BAD File.

Current patient sample requisition and test results.

# Protocol

1. Prepare orders for irradiated products placed in Encompass will **NOT** automatically generate the Irradiation special message in Sunquest. This will be manually added to the BAD file.
2. The BAD file contains the following information:
* special requirements including requirements for irradiation, CMV negative, IgA deficient, Washed products, and sickle negative products.
* Requirements for Antigen negative and HLA matched products
* Antibodies identified
* Antigen and genotypes of patient
* Bone Marrow Protocol
* Group/Type Product Requirements for BMT patients.
* Current autologous, directed and held units available.
* Daratumumab recipient
* Delayed Crossmatch available
* Free text comments can hold information such as BMT donor information.
* Blinded study patients
1. Technologists can add to but not delete from the BAD file. Any special message inactivation should be sent to management or techs with admin privileges for removal. Document the physician (or person) approving the requirement removal.

*Refer to FD: Updating the BAD file in Sunquest*

1. The BAD file remains open while the tech works in the patient’s chart.
2. The information in the BAD file must be carefully reviewed to determine any

 special product requirements for the patient.

1. Free text comments are used to enter additional helpful information for which there is not a specific special message. All comments must be reviewed.
2. The ABO/Rh of the patient MUST be in agreement with the previous historical record. When it is not, the problem must be resolved.
3. Patients requiring irradiation will have IRR added to the BAD file and a pink ‘irradiation required’ sticker placed on the requisition to alert technologist filling the order to select irradiated products.
4. Once added to the BAD file, Sunquest will alert the user at “allocate” and “issue” that irradiation is required if non-irradiated products are allocated on a patient requiring irradiation.
5. Report all discrepancies that cannot be resolved to the manager/designee immediately.
6. The medical director and management should be notified immediately if a discrepancy involves the issuance of incorrect blood product.
7. All patient records should be reviewed. Prior to data conversion of all patient records from SCC into Sunquest, SCC should be checked for history and all pertinent information added to Sunquest and noted on the requisition.
8. When Sunquest history check is documented under Blood Order Processing by answering the history check as “YHC” (patient history found) or “NHC” no history found.
9. Patients with no prior history will have a second ABO performed.

*Refer to: BB-POL-0074: Second ABO Testing for No History Patients*

1. During downtime, the patient’s history should be accessed in the Patient data backup file

Located on the two designated computers.

*Refer to FD: Computer Systems/Interfaces Downtime Protocols & Procedures*

 *Attachment 9: SCC Patient Data Backup.*

1. During downtime, the history is noted on the BB downtime requisition.
	* If no history of ABO/Rh in the computer, then this will be noted with ‘None’ by the Prior Record.
	* If prior ABO/Rh in computer, then the ABO/Rh will be noted on the slip.
	* Any antibodies will be written on the requisition.
	* Any special requirements will be written on the requisition.
2. Pregnant patients should be reviewed back at least 1 year for history check.

# Procedure Guidelines

1. Non-IDX Medical Record Numbers

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| **STEP** | **ACTION** |
| **1** | Using Blood Order Processing (**BOP)**, look up patient by **name** (last, first) and by **Medical Record number.** * 1. Do **NOT** check box “by default HID” -- this ensures that all available facilities will be checked.
	2. Do **NOT** depend on looking up by only the name or only the medical record number. This may miss important information from facilities with different medical record number formats or last name changes due to marriage, etc.
	3. Do **NOT** depend on information populating the header in BOP. This does not satisfy the requirements for a patient history check.
	4. Choosing “include purged patients” in patient status may bring up additional admissions. Check purged patient data with every specimen.
	5. Check SCC or prior computer system for history if data conversion has not been completed.
 |
| **2** | If previous Blood Bank data is available, compare first and last name, medical record number, and date of birth (social security number if available).  |
| **3** | If all fields match exactly and any of the accounts have not been linked, perform **LINK** function before beginning testing. Link all records to WIN location (if it is one of the choices). Refer to section C: Linking Patients.  |
| **4** | BB Relationships: Cord blood, Mother, and Neonate samples can be linked using the BB Relationships tab. This makes it easy to find history of mother and baby to correlate results and optimize patient safety.1. Open BB Relationships
2. Enter MRN of Mother under Mother Lookup
3. Enter MRN of Child under Child Lookup
4. Click **LINK** to establish a relationship between mother and child.
5. The process above can be repeated to unlink after child is over 4 months of age by clicking **UNLINK**
 |
| **5** | Check history for difficulty in blood typing, clinically significant antibodies, significant adverse events to transfusion, and special transfusion requirements.  |
| **6** | Before any results are entered in **BOP**, the History Check field will be completed. This should be completed at Front Desk. 1. If a patient history is found at any facility, enter **YHC** (yes history found)

If no patient history is found, enter **NHC** (no history found) |
| **7** | Any special requirements shall be added at Front Desk by the patient performing the history check: 1. Add Special Test “PB” (problem) in BOP
2. Enter special requirements, antigens, previous antibodies, attributes, notes, special transfusion needs, etc.

1. Click Save. This information will now be displayed in the BAD file under the correct category.
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| **8** | When a significant discrepancy is discovered between current and previous results, immediately notify the floor or physician’s office, and request a new specimen. Do not result testing if the specimen integrity is in question. 1. Repeat the ABO/Rh testing on sample in question.
2. Have new sample drawn and repeat testing.
3. Obtain recent transfusion history on patient. If transfused at a different facility, contact that facility, and inquire about patient’s past transfusions and ABO/Rh typing, pregnancies, and any other pertinent information. Have the facility fax Blood Bank any reference results.
4. Check for possibility of a bone marrow transplant since last ABO/Rh testing.
5. Investigate the possibility that the patient was inadvertently registered under another patient’s history number.
6. If it is suspected that the sample was drawn from the wrong patient, investigate the possibility of other patient samples being involved.
7. If discrepancy cannot be resolved, inform manager or designee.
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| **9** | If units are being transfused when a discrepancy is discovered: * 1. ***If it is discovered that a unit of incompatible blood has been transfused, immediately notify Pathologist and then the Manager.***
	2. If patient is currently being transfused with the units that do not satisfy emergency release guidelines, the transfusion should be discontinued immediately.
	3. Inform nursing that the availability of blood products will depend upon resolution of the discrepancy.
	4. If applicable, the patients nurse should be alerted that a complete investigation has been initiated.
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1. IDX Medical Record Number

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| **STEP** | **ACTION** |
| **1** | IDX medical record numbers are in the format “xxxxxxIDXMRN”.  |
| **2** | IDX patients are in location “Y” and are outpatients. Note: regular inpatient medical record numbers may be used in Y locations- do not count on seeing “IDX” MR numbers to determine if it is an outpatient specimen. |
| **3** | History checks should be done by name and DOB. |
| **4** | Unit tags will not print from the “Y” location.   |
| **5** | If a patient is registered using an IDXMRN but transfusion is needed, ask the ordering location to register the patient using an appropriate account type (inpatient, obs, infusion, etc). |
| **6** | An IDXMRN should be linked to another medical record number if there is no question about whether this is the same person (i.e.: all available pertinent information matches). |

1. Linking Patient Numbers

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| **STEP** | **ACTION** |
| **2** | Using function **LINK**, enter the medical record number/ name/ social security number of an active patient. |
| **3** | The system displays a list of the patient name, medical record number, social security number (if available), date of birth, and gender. If patient has a blood type on file, this will be displayed as well. If history numbers are already linked, it will be displayed at the bottom of the screen. |
| **4** | If there is any information that does not match identically (exception: medical record number), do NOT link.The medical record number may be different between facilities and for outpatient registrations. The middle name (if present) must not be discrepant unless the reason has been investigated (e.g.: maiden name used as middle name, etc.) |
| **5** | If the name and date of birth plus AT LEAST the medical record number OR Social Security number match identically, perform linking.Link is done to bring together all pertinent patient encounters. This allows for optimal & consistent patient safety. For Blood Bank purposes, the only data linked is the information contained in the Blood Bank Administrative Data (BAD) file and the transfusion history. This does NOT merge the files in Sunquest.These fields that must match identically in order to Link a patient: 1. First and last name2. Date of Birth3. Social Security number4. Gender |
| **6** | If a patient has anything in the **BAD** file but does not have the mandatory fields to be able to Link, do not link. Ask Manager about linking these, but when in doubt honor the special needs of the previous information. |
| **7** | To link the medical record numbers, click the Link button. At the prompt, enter the medical record number and click Search. |
| **8** | The system redisplays the information associated with the proposed link. Highlight the medical record number to which you would like to link. Click the Select button. At this point, if patient information does not match, the system will give a warning. |
| **9** | The system allows you to review the information one more time before linking. Click **Confirm Link.** |

1. Unlinking Patient Numbers

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| **STEP** | **ACTION** |
| **1** | Function: **Link**.  |
| **2** | Click the **Unlink** button. |
| **3** | If patients have been linked incorrectly, document information as a variance. |

# Literature References:

# Related Procedures/Policies in Navex:

# Attachments/Linked Documents in Title 21:

# Revision Dates: Review Change Summary as represented in Title 21.