
OBTAINING PATIENT HISTORIES

RC.BB.SP.PR.625.r00.06.00

Purpose

The purpose of this document is to provide the Blood Bank staff with instructions for obtaining patient histories.

Introduction

In many cases, a patient's transfusion or antibody history is helpful. For example:

- before typing a patient's red blood cells (RBCs), it is necessary to determine whether the patient has been transfused in the last 90 days; see P606, *Antigen Typing Policies*.
- An antibody history may be useful in cases where the patient's antibody levels have dropped below detectable levels, or when weak levels are causing difficulties with antibody identification.

Patient histories may be obtained from several sources including the Blood Bank computer record, the patient or family members, the patient's chart, and the American Red Cross (ARC) Reference Laboratory.

Scope

The following are indications for obtaining patient histories:

- Patient requires an antibody investigation; the patient history is obtained every 3 months.
- Patients known to the Blood Bank to have sickle cell disease or thalassemia.
- Patients who require an antigen typing or phenotype.
- Patients who are being evaluated for a suspected hemolytic transfusion reaction. For additional information, see P617, *Laboratory Investigation of a Suspected Transfusion Reaction*.
- All neonatal patients who are transferred from another institution to Beaumont Royal Oak. The history should be obtained on the mother, from the Blood Bank at the hospital where the delivery occurred.

The following are not indications for obtaining patient histories:

- If a patient has only passive anti-D due to recent RhIG administration, then the patient history described in this document is not indicated. It is, however, necessary to obtain the date of Rh Immune Globulin administration.
- If an antibody investigation is performed because the patient has a history of anti-A₁, then obtaining the patient history is generally not indicated. However, if the patient's RBCs must be tested for the A₁ antigen, then it is necessary to obtain the patient history to determine whether the patient has been recently transfused.
- **Note that** If an A subgroup is ordered on a potential kidney donor, **then the recent transfusion history will be given as a comment by the ordering provider through the HIS.** ~~it is not necessary to obtain this transfusion history because in order to be an eligible kidney donor, the donor must not have been recently transfused.~~

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Forms

- F-625a, *Blood Bank Patient History Form*
- F-625b, *Beaumont Health Request for Patient History from the American Red Cross Reference Laboratory*
- F-625c, *Beaumont Laboratory Transfusion Medicine Request for Patient History*
- F-620, *Special Studies Worksheet*
- *Patient Antibody Card*
- American Red Cross *Physician Authorization Letter for Releasing Immunohematology Reference Laboratory Results to Health Care Facilities*

Policies

Frequency that Patient Histories should be Obtained

If a patient history is indicated (see the *Scope* section, *Indications for Obtaining Patient Histories*) then this history shall be obtained once every three (3) months. If patient histories are being obtained because the patient is known to the Blood Bank to have sickle cell disease or thalassemia, the histories should be obtained every three (3) months even if the patient does not require an antibody investigation. The patient history shall be documented in the patient's Blood Bank computer record as a comment and on the patient's antibody card.

Pregnant Patients: History Obtained Only Once during the Pregnancy

For pregnant patients, the Blood Bank makes an exception to the above three-month frequency. The history shall generally be obtained only one time during the pregnancy. However, if the Blood Bank becomes aware of any of the following situations, then the history shall be obtained every three months:

- The patient is being transfused during the pregnancy (not including intrauterine transfusions), or
- The patient has sickle cell disease or thalassemia, or
- The patient appears to develop a new antibody during the pregnancy.

Using the *Blood Bank Patient History Form*

The Blood Bank will attempt to obtain the patient's history from the patient and if necessary, from family members or the patient chart. F-625a, *Blood Bank Patient History Form* shall be used for this purpose. The Blood Bank will document the patient's name, medical record number (MRN), and birthdate on this form (a patient label may be used) and will call the patient's nurse before sending this form. The Blood Bank will explain to the nurse the reason that the form is being requested (i.e., patient has a positive antibody screen) and that the Blood Bank may be unable to provide compatible RBCs until the form is returned.

There are three categories of questions (Category A, B, and C) on F-625a, *Blood Bank Patient History Form*. The category(ies) of questions to be answered will be indicated on the form by the Blood Bank and will depend on the patient situation. Refer to the policy *Blood Bank History Form Question Categories*.

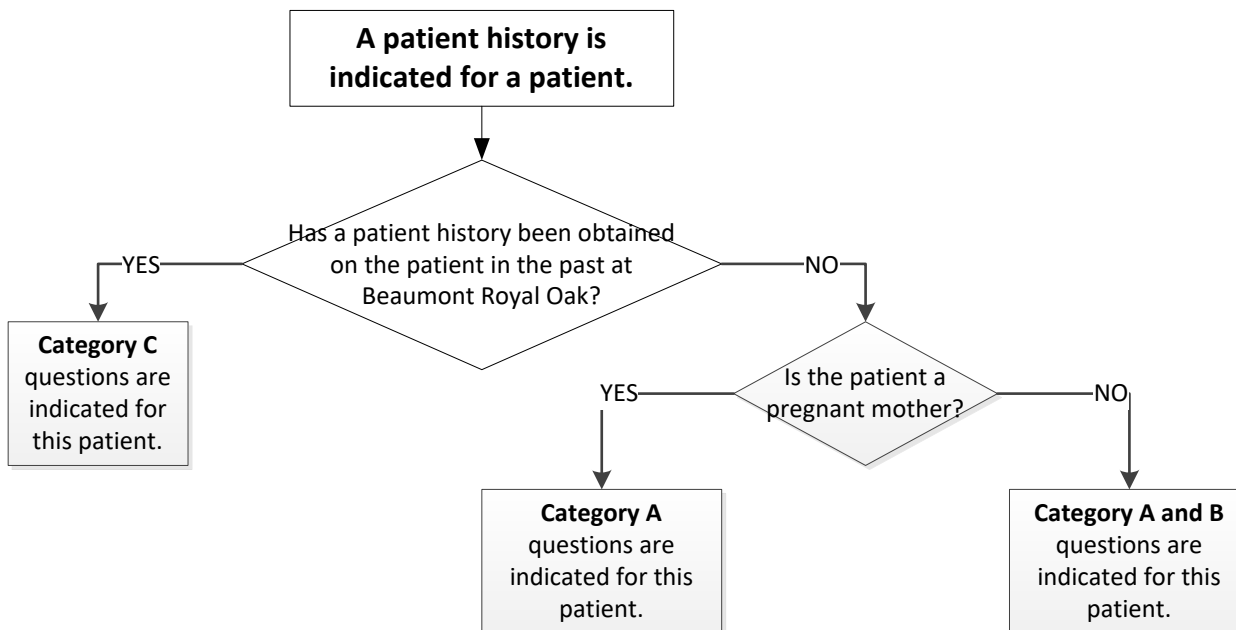
The patient's nurse will document his/her employee number, the date, and answers to the patient history questions, and should return the form to the Blood Bank. The nurse may instead provide answers verbally to these questions to a Blood Bank Medical Technologist.

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Blood Bank History Form Question Categories

There are three categories of questions (*Category A, B, and C*) on F-625a, *Blood Bank Patient History Form*. The category(ies) of questions to be answered will be indicated on the form by the Blood Bank and will depend on the patient situation, as described below:



Note: These are the routine questions that are indicated based on a given patient situation. Questions from additional categories may be asked if the information is suspected to be beneficial.

- Category A questions are:
 1. Have you been admitted to any other hospitals in the past? If yes, please list the names of these hospitals and the city/state where the hospital is located. Also please indicate any different names that you may have had at that time (for example, a maiden name).
 2. Have you ever had a blood transfusion? If yes, please indicate the approximate transfusion dates and the names of the hospitals where you had the transfusions.
 3. Do you have a history of sickle cell disease or thalassemia?
 4. For female patients: Are you currently or have you ever been pregnant? If yes, please indicate due date and/or approximate delivery date(s). Do you have a pregnancy history? If yes, please indicate the approximate delivery date(s), or if currently pregnant indicate the due date.
- Category B questions are:
 1. Do you have a history of multiple myeloma?
 2. Have you had a stem cell or bone marrow transplant, or is one pending? If yes, please indicate the date and transplant facility.
- Category C questions are:

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1. Any new hospital admissions, blood transfusions, and/or new pregnancies (for females) since the last patient history on _____? If yes, please list hospitals, approximate transfusion dates, and updated pregnancy information.

Reviewing the *Blood Bank Patient History Form*

Once this form is returned, it will be reviewed by the Blood Bank. If the nurse documented the names of any hospitals, then the Blood Banks of those hospitals should be called to see if they have a patient history. The hospitals should be called as soon as possible, before RBCs are crossmatched. Some Blood Bank clerical staff and contingent employees may help to make these calls, and will initial and date the form to document that these calls were made. This form will also be reviewed by a Medical Technologist, who will initial and date the form to document this review. If the other hospital:

- Does not have a history of the patient, or the only history is that the patient had a negative antibody screen, this will be documented by the clerical staff on the form (can handwrite the information, or circle "NH" or "NegABSC"). The date of the negative antibody screen, if applicable, will be documented.
- Does have a history, then the clerical staff will transfer the call to a medical technologist. The medical technologist will document the reported history on the form, and will update the patient's computer record and antibody card accordingly.

Using the *Beaumont Health Request for Patient History from the American Red Cross Reference Laboratory*

A history will also be obtained from the ARC Reference Laboratory every three (3) months if the patient falls into one of the following categories:

- The patient is a known sickle cell disease or thalassemia patient, or
- The patient has a warm autoantibody (WAA), or
- The patient has 3 or more antibodies with specificity. This does not apply to non-specific antibodies such as TWTI or WAIGG.

The ARC prefers that these patient histories are requested in a batch. Before sending, this form should be completed with date faxed, patients' names, DOBs, and MRNs. A signed copy of the ARC form *Physician Authorization Letter for Releasing Immunohematology Reference Laboratory Results to Health Care Facilities* will also be faxed. Once the ARC form is returned, a medical technologist will review this form, initial and date to document this review, and will update the patient's antibody card and computer record accordingly.

- If a patient does not require a RBC transfusion immediately; then use this ARC form to batch patients. The ARC will fax this form back to Beaumont Royal Oak upon completion.
- If a patient requires a RBC transfusion STAT, then call the ARC Reference Laboratory to obtain the history.

Obtain Patient History before RBCs are Crossmatched

If indicated (see the *Scope* section), the Blood Bank shall attempt to obtain the patient's history before RBCs are crossmatched. The *Blood Bank Patient History Form* indicates to the nurse that "the Blood Bank may be unable to provide compatible RBCs until this form is returned."

- If crossmatches are performed before the history is obtained (e.g., for pre-surgical patients), then the units shall be crossmatched as described in the BBCEM / TS &

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Crossmatch / Crossmatching RBCs when the Patient History is Pending. The units should then be placed on the Pending History crossmatch shelf.

- If the patient requires an immediate transfusion before the form is completed, the Blood Bank shall crossmatch and dispense the RBCs.
- If RBCs must be dispensed before the patient histories are obtained, a comment should be added to the patient's computer record to indicate this.
- If unable to obtain the patient history for any reason, a comment should be added to the patient's computer record to indicate this.

Antigen Typings, Phenotypes, and Antibody Histories Obtained from other Facilities

- **Another hospital:** Any antigen typing or phenotype tests indicated by Beaumont Health policies shall be repeated at Beaumont. A copy of the other hospital's results may be attached to (not written on) the patient's antibody card or added as a patient comment, with a note indicating that "these results will not be relied upon by Beaumont Health or documented in the patient's permanent record."
- If a historical antigen appears in the current Blood Bank computer system, then it is not necessary to repeat it (regardless of the source of the historical antigen type), unless the technologist has a concern about the accuracy of the historical antigen type.
- **A reference laboratory used by Beaumont Health:** These results may be documented in the patient's permanent record (in the Blood Bank computer and on the patient's antibody card. It is not necessary to repeat any of the tests that may be indicated at Beaumont.
- **Antibody histories** obtained from any other facility shall be honored at Beaumont. The antibody is added to the patient's computer record and antibody card, and it is not necessary to confirm the presence of the antibody at Beaumont.

Telephoning the Patient to Obtain the History

If necessary, a Medical Technologist should telephone the patient at home to obtain the patient's history. This applies if the patient is not currently admitted to the hospital, or for pre-admission patients with positive antibody screens. The Blood Bank should not wait until the patient is admitted on the day of surgery/transfusion to obtain the history.

A total of 4 attempts will be made by the day shift and afternoon shift technologists. These attempts will be documented in the space provided on the *Blood Bank Patient History Form*. It is the responsibility of each technologist assigned to the problem bench (day shift and afternoon shift) to attempt to obtain these histories from all applicable patients.

After each attempt, a scripted voicemail message may be left for the patient asking them to call the Blood Bank. Whether or not a voicemail was left should be documented in the space provided on the *Blood Bank Patient History Form*. If a voicemail was left for the patient, another call attempt should not be done by a technologist for at least 2-3 days in order to not irritate the patient. The voicemail goes as follows:

"Hello, this is Beaumont Laboratory calling to update our patient records. Please call us back at your earliest convenience at 248-898-9015. Thank you."

The above scripted message is the only message a technologist is permitted to leave on a patient's voicemail.

If 4 unsuccessful attempts are made to telephone the patient to obtain the history, and if:
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- The patient is going to surgery in the near future, place *the Patient History Form* on the *Communication Log* so that the form may be sent for completion on the day of surgery.
- The patient is not going to surgery and does not have a scheduled visit in the near future, then the *Blood Bank Patient History Form* may be filed with the rest of the antibody investigation paperwork. A comment should be added to the patient's computer record to indicate that the Blood Bank was unable to obtain the patient history.

Procedure

1. Determine whether the patient has a transfusion history in the Blood Bank computer. Document the *Special Studies Worksheet* accordingly.
2. Determine whether the patient has a history of unexpected antibody(ies) in the Blood Bank computer. Document the *Special Studies Worksheet* accordingly.
3. Determine which category(ies) of patient history questions are indicated based off the flowchart within policy *Blood Bank History Form Question Categories*. Document F-625a, *Blood Bank Patient History Form* with the indicated category(ies).
4. Call the patient's nurse and notify them that you will send the *Blood Bank Patient History Form*. Send this form to the nurse, completed with the patient's name, MRN, birthdate, the nurse's employee number, and the tube station number. A patient label may be used.

The *Special Studies Worksheet* may be used to document that the *Patient History Form* was sent. If the patient is not in-house, then attempt to call the patient at home; refer to the policy *Telephoning the Patient to Obtain the History*.
5. Review the *Blood Bank Patient History Form* once it is returned, telephone any other hospitals listed on the form, update the patient's computer record and antibody card accordingly etc.

Refer to the policy *Reviewing the Blood Bank Patient History Form*.
6. Obtain a patient history from the American Red Cross (ARC), if applicable. Complete the *Beaumont Health Request for Patient History from the American Red Cross Reference Laboratory* as follows:
 - a. Document the date that the form is faxed to the ARC.
 - b. Document the patients' names, DOBs, and Beaumont MRNs on the form.
 - c. Fax this form to the ARC Reference Lab.
 - d. Also fax a signed copy of the *Physician Authorization Letter for Releasing Immunohematology Reference Laboratory Results to Health Care Facilities*.

Refer to the policy *Using the Beaumont Health Request for Patient History from the American Red Cross Reference Laboratory* in the *Policies* section.
7. Review the *Blood Bank Patient History Form* and verify the following:
 - a. That all hospitals on the form have been called.
 - b. The patient's "antibody" field in the Blood Bank computer record has been updated to reflect the antibody specificity, if applicable.
 - c. Appropriate instructions and comments have been added to the patient's Blood Bank computer record.
 - d. The patient's antibody card has been updated appropriately.

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8. Attach the completed *Blood Bank Patient History Form* to the *Special Studies Worksheet*.

Authorized Reviewers

Chief, Pathology and Laboratory Medicine
Medical Director and/or Designee, Blood Bank
Manager/Supervisor, Blood Bank

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Document Control

Location of Master: Master electronic file stored on the Beaumont Laboratory server under S:/

Master printed document stored in the *Transfusion Medicine Standard Operating Manual*.

Number of Controlled Copies posted for educational purposes: 0

Number of circulating Controlled Copies: 0

Location of circulating Controlled Copies: NA

Document History

Signature	Date	Revision #		Related Documents Reviewed/ Updated
Prepared by: Jennifer Sarhan	08/13/2009	r00.00.00		
QA: Anne Sepienza	10/11/2009			
Supervisor: Judy Easter	10/18/2009			
Approved by: Peter Millward, MD	12/15/2009			
Reviewed by: (Signature)	Date	Revision #	Modification	Related Documents Reviewed/ Updated
Reviewed by: Peter Millward, MD	08/03/2010			
Revised by: Jennifer Sarhan	10/14/2010	r00.01.00	Clarified the policies for obtaining histories for Anti-A1 and for telephoning patients at home.	
QA: Louisa Serafimovska	10/18/2010			
Supervisor: Judy Easter	10/14/2010			
Approved by: Peter Millward, MD	10/14/2010			
Revised by: Jennifer Sarhan	01/24/2011	r00.02.00	Clarified the policy for the frequency at which histories should be obtained and for pregnant patients.	
QA: Louisa Serafimovska	01/28/2011			
Supervisor: Judy Easter	01/24/2011			
Approved by: Peter Millward, MD	01/24/2011			
Reviewed by: Peter Millward, MD	07/08/2011			
Revised by: Jennifer Sarhan	05/25/2012	r00.02.01		
Approved by: Peter Millward, MD	06/01/2012			
Changes to r00.02.01 Added reference to Form 625c; revised HCLL references to Soft; added policy to honor antibodies from other facilities (do not need to confirm antibody presence); revised and condensed Table 625; deleted the <i>Notes</i> and <i>Test Resulting</i> sections; and deleted the policy <i>Searching the BB Computer Record for the Transfusion History</i> .				
Reviewed by: Peter Millward, MD	08/11/2012			
Reviewed by: Peter Millard, MD	08/05/2013			

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Document Control, continued

Reviewed by: (Signature)	Date	Revision #	Modification	Related Documents Reviewed/ Updated
Revised by: Jennifer Sarhan	09/23/2014	r00.03.00		
Supervisor: Judy Easter	09/23/2014			
Approved by: Peter Millward, MD	09/23/2014			
Changes to r00.03.00: Added the following to page 3: "If a historical antigen appears in the current Blood Bank computer system, then it is not necessary to repeat it (regardless of the source of the historical antigen type), unless the technologist has a concern about the accuracy of the historical antigen type."				
Approved by: Peter Millward, MD	03/11/2015			
Approved by: Peter Millward, MD	03/09/2016			
Approved by: Peter Millward, MD	05/08/2017			
Approved by: Elizabeth Sykes, MD	02/22/2018			
Revised by: Christopher Ferguson	11/16/2018	r00.04.00	Added a scripted voicemail message to be left when calling for patient histories. Added thalassemia to scope. Changed the criteria for then ARC histories are required. Replaced <i>WBH</i> with current hospital names. Changed <i>supervisor</i> to <i>manager</i> . Updated template. Added F-303d to SOP.	
QA: Anne Sepienza	11/30/2018			
Manager: Billie Ketelsen	11/19/2018			
Approved by: Craig Fletcher, MD	02/15/2019			
Approved by: Peter Millward, MD	02/26/2019			
Revised by: Christopher Ferguson	05/29/2019	r00.05.00	F-303d retired. Units issued prior to obtaining a patient history is now documented in an internal computer comment.	
QA: Jennie Green	07/03/2019			
Manager: Billie Ketelsen	06/17/2019			
Approved by: Craig Fletcher, MD	07/10/2019			
Revised by: Christopher Ferguson	04/14/2020	r00.06.00	Revised patient history form and split questions into Categories A, B, and C. Revised policy to reflect these new categories of questions. Removed QA from authorized reviewers.	
Manager: Billie Ketelsen	04/15/2020			
Approved by: Craig Fletcher, MD	04/27/2020			
Approved by: Craig Fletcher, MD	07/23/2020			
Revised by: Samantha Maynard	08/24/2021	r00.07.00	Added information about transfusion histories for potential organ donor	
Manager:				
Approved by: Craig Fletcher, MD				

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