

Beaumont

Origination 3/11/2023
Last Approved 2/9/2023
Effective 3/11/2023
Last Revised 2/9/2023
Next Review 2/8/2025

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Applicability Royal Oak

Obtaining Patient Histories - Royal Oak

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

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

II. CLINICAL SIGNIFICANCE:

- A. In many cases, a patient's transfusion or antibody history is helpful. For example:
 - 1. 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 Transfusion Medicine policy, *Antigen Typing*.
 - 2. 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.
- B. Patient histories may be obtained from several sources including the Blood Bank computer record, the patient or family members, the patient's chart, an outside reference laboratory, or outside hospitals.

III. DEFINITIONS:

- A. **Reference Laboratory:** An external laboratory used for specialized immunohematological testing i.e. American Red Cross (ARC) Reference Laboratory and the Versiti Reference Laboratory.

IV. SCOPE:

A. The following are indications for obtaining patient histories:

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

B. The following are not indications for obtaining patient histories:

1. If a patient has only passive anti-D due to recent Rh Immune Globulin (RhIG) administration, then the patient history described in this document is not indicated. It is, however, necessary to obtain the date of RhIG administration.
2. 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.
3. 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 EPIC, therefore a full patient history is not indicated.

V. POLICIES:

A. Frequency that Patient Histories Should be Obtained

1. If a patient history is indicated, then a history shall be obtained once every three (3) months with the exception of obstetric patients.
2. 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.

B. Obstetric Patients: History Obtained Only Once During the Pregnancy

1. For obstetric 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 (3) months:

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

C. Using the *Blood Bank Patient History Form*

1. The Blood Bank will attempt to obtain the patient's history from the patient and if necessary, from family members or the patient chart. The *Blood Bank Patient History Form* shall be used for this purpose.
2. 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.
3. There are three categories of questions (Category A, B, and C) on the 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.
4. The patient's nurse will document their 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.

D. *Blood Bank Patient History Form* Question Categories

1. There are three categories of questions (Category A, B, and C) on the 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:
 - a. Has a patient history been obtained on the patient in the past at Beaumont Royal Oak? If so, Category C questions are indicated for this patient.
 - b. If a patient history has not been obtained on the patient in the past at Beaumont Royal Oak, is the patient pregnant? If so, Category A questions are indicated for this patient. If not, Category A and B questions are indicated for this patient.
 - c. Note: these are 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.
2. Category A questions are:
 - a. 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).
 - b. 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.
 - c. Do you have a history of sickle cell disease or thalassemia?

- d. Are you currently or have you ever been pregnant? If yes, please indicate the approximate delivery date(s) or if currently pregnant indicate the due date.
3. Category B questions are:
 - a. Do you have a history of multiple myeloma?
 - b. Have you had a stem cell or bone marrow transplant, or is one pending? If yes, please indicate the date and transplant facility.
 4. Category C questions are:
 - a. Any new hospital admissions, blood transfusions, and / or new pregnancies since the last patient history on _____? If yes, please list hospitals, approximate transfusion dates, and updated pregnancy information.

E. Reviewing the *Blood Bank Patient History Form*

1. 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 antibody or transfusion history. The hospitals should be called as soon as possible, before RBCs are crossmatched. If the other hospital:
 - a. 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 on the form (can handwrite the information). The date of the negative antibody screen, if applicable, will be documented.
 - b. Does have a history, the Medical Technologist will document the reported history on the form, and will update the patient's Blood Bank computer record and antibody card accordingly.
2. This form will be reviewed by a Medical Technologist, who will initial and date the form to document this review.
3. The patient history shall be documented in the patient's Blood Bank computer record under the comment text and the date must be documented on the patient's antibody card.

F. Using the *Beaumont Health Request for Patient History from the American Red Cross Reference Laboratory or Obtaining a History from the Versiti Reference Laboratory.*

1. A history will also be obtained from the ARC Reference Laboratory and the Versiti Reference Laboratory every three (3) months if the patient falls into one of the following categories:
 - a. The patient is a known sickle cell disease or thalassemia patient, or
 - b. The patient has a warm autoantibody (WAA), or
 - c. The patient has 3 or more antibodies with specificity. This does not apply to non-specific antibodies such as TWI or Warm IgG.

2. The ARC prefers that these patient histories are requested in a batch. Before sending, this form should be completed with date faxed, patients' names, date of birth (DOB), 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 Blood Bank computer record accordingly.
 - a. If a patient does not require an RBC transfusion immediately; then use this ARC form to batch patients. The ARC will fax this form back to Beaumont Royal Oak upon completion.
 - b. If a patient requires an RBC transfusion right away, then call the ARC Reference Laboratory to obtain the history.
3. The Versiti Reference Laboratory prefers to be telephoned for patient histories. After the call is made, a Medical Technologist will update the patient's antibody card and Blood Bank computer record accordingly.
4. These reference laboratory requests should be checked on the *Blood Bank Patient History Form*.

G. Obtain Patient History Before RBCs are Crossmatched

1. If indicated, 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."
 - a. If crossmatches are performed before the history is obtained (e.g., for pre-surgical patients), then the units shall be crossmatched and placed in the crossmatch refrigerator with the patient history form.
 - b. If the patient requires an immediate transfusion before the form is completed, the Blood Bank shall crossmatch and dispense the RBCs.
 - c. If RBCs must be dispensed before the patient history is obtained, a comment should be added to the patient's computer record to indicate this.
 - d. If unable to obtain the patient history for any reason, a comment should be added to the patient's computer record to indicate this.

H. Antigen Typings, Phenotypes, and Antibody Histories Obtained from Other Facilities

1. **Another hospital:**
 - a. Any antigen typing or phenotype tests indicated by Beaumont Health policies shall be repeated at Beaumont Health. 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."

- b. Molecular results from another hospital, excluding Versiti and American Red Cross reference laboratory results, should be reviewed with the Medical Director prior to interpretation.
2. 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.
3. **A reference laboratory used by Beaumont Health:**
 - a. 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 Health.
4. **Antibody histories:**
 - a. Antibody histories obtained from any other facility shall be honored at Beaumont Health. 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 Health.

I. Telephoning the Patient to Obtain the History

1. 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.
2. 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 to attempt to obtain these histories from all applicable patients.
3. 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:
 - a. "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."
4. The above scripted message is the only message a technologist is permitted to leave on a patient's voicemail.
5. If 4 unsuccessful attempts are made to telephone the patient to obtain the history, and if:
 - a. The patient is going to surgery in the near future, place the *Blood Bank Patient History Form* on the communication log so that the form may be sent for completion on the day of surgery.
 - b. 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's

history.

VI. PROCEDURE:

- A. Determine whether the patient has a transfusion history or a history of unexpected antibody(ies) in the Blood Bank computer. Document the *Special Studies Worksheet* accordingly.
- B. Determine which category(ies) of patient history questions are indicated based off the *Blood Bank Patient History Form Question Categories* section of this document. Document the *Blood Bank Patient History Form* with the indicated category(ies).
- C. 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.
 1. The *Special Studies Worksheet* may be used to document that the *Blood Bank Patient History Form* was sent. If the patient is not in-house, then attempt to call the patient at home.
- D. 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.
- E. Obtain a patient history from the ARC or Versiti Reference Laboratory, if applicable.
 1. 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 patient's names, DOBs, and Beaumont Health 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*.
 2. Contact the Versiti Reference Laboratory at 734-855-4635.
 - a. After the call is made, a Medical Technologist will update the patient's antibody card and Blood Bank computer record accordingly.
- F. Review the *Blood Bank Patient History Form* and verify the following:
 1. That all hospitals on the form have been called.
 2. The patient's "antibody" field in the Blood Bank computer record has been updated to reflect the antibody specificity, if applicable.
 3. Reference laboratory requests are checked as applicable.
 4. Appropriate instructions and comments have been added to the patient's Blood Bank computer record.
 5. The patient's antibody card has been updated appropriately.
- G. Attach the completed *Blood Bank Patient History Form* to the *Special Studies Worksheet*.

Attachments

[ARC History Form](#)

[Blood Bank Patient History Form](#)

Approval Signatures

Step Description	Approver	Date
	Ann Marie Blenc: System Med Dir, Hematopath	2/9/2023
	Kristina Davis: Staff Physician	1/26/2023
Policy and Forms Steering Committee (if needed)	Gail Juleff: Project Mgr Policy	12/21/2022
Policy and Forms Steering Committee (if needed)	Brooke Klapatch: Medical Technologist Lead	12/21/2022
	Rebecca Thompson: Medical Technologist Lead	12/21/2022
	Brooke Klapatch: Medical Technologist Lead	12/16/2022