TRAINING UPDATE

Lab Location:	SGMC and WAH	**Date Implemented:**	3.5.2019
Department:	Blood Bank	**Due Date:**	3.15.2019

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Blood Product Administration Audits

Description of change(s):

Updated consent information based on new AHC policy changes. The consents that are valid for blood transfusion include:

- Blood Transfusion Consent Form (AHC CP 630B)
- Blood Transfusion Consent Form in Spanish (AHC CP 630BSP)
- Consent for Operative, Other Invasive and Non-Invasive Procedures (AHC CP 63.4)
- Consent for Operative, Other Invasive and Non-Invasive Procedures in Spanish (AHC CP 63.4SP)
- Blood Product Option Resource (Blood Refusal) Form (AHC CP 630.0A)

SGAH.BB109 Blood Product Administration Audits

Copy of version 4.0 (in review)

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Printed By Stephanie Codina

Organization Adventist HealthCare

Comments for version 4.0
Refer to Revision History section of SOP

Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Approval	QA approval	3/5/2019	4.0	Leslie Barrett	

Version History
This document has no approved or retired versions.

Non-Technical SOP

Title	**Blood Product Administration Audits**	
Prepared by	Stephanie Codina	Date: 5/20/2011
Owner	Stephanie Codina	Date: 5/20/2011

Laboratory Approval		
Print Name and Title	**Signature**	**Date**
Refer to the electronic signature page for approval and approval dates.		
Local Issue Date:	Local Effective Date:	

Review:		
Print Name	**Signature**	**Date**

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1. PURPOSE

Blood product administration audits are performed to monitor the distribution, handling, use, and administration of blood products. The audits include a prospective component to ensure both blood bank procedures and hospital policies are followed during the distribution and administration process and a retrospective component to ensure documentation of transfusion is complete. This procedure outlines the steps that will be followed to perform a Blood Product Administration audit.

2. SCOPE

This procedure applies to all blood product transfusions that will be audited.

3. RESPONSIBILITY

All blood bank staff members must understand the audit process and comply with the steps outlined in this procedure.

4. DEFINITIONS

A. Prospective Audit: The process is examined in "real-time." For example, in this audit the transfusion is examined as it occurs to ensure the hospital policy is being followed to ensure patient safety at the time of identification and transfusion.
B. Retrospective Audit: The process is examined after it occurs. For example, in this audit, the records review portion is performed after the transfusion is complete to ensure documentation is performed per hospital policy.

5. PROCEDURE

Steps that will be performed in the blood bank prior to transfusion

Step	Action
1	Select a transfusion to audit. A. Transfusions will be selected randomly. However, an effort will also be made to ensure good distribution amongst all patient care areas that perform transfusions. B. The number of transfusion audits that will be performed is determined by the Transfusion Committee of the hospital.
2	Complete the following on the top of the "Blood Product Administration Audit Tool." A. Date of audit B. Time of audit C. Patient care area that will be performing the transfusion D. Donor identification number (DIN) or unit number of the blood product that will be transfused during the audit. E. The type of blood product (RBC, Plasma, Cryo, or Plasma) F. Name of the person auditing G. Check the name of the hospital at which the audit was performed.
3	Verify that a completed "Request for Transfusion" form was presented to the blood bank via courier or pneumatic tube and document on the audit form. Items that MUST be on the form include: A. Recipient's full name B. Recipient's medical record number C. Recipient's blood bank armband number D. Type and amount of blood product to be picked up, including any special requirements such as irradiated, CMV-seronegative, etc. E. Indication that the following were verified: a. Transfusion order b. Informed Consent c. Recipient's IV access d. Recipient's hospital armband e. Recipient's vital signs F. Signature of requestor G. Date and time
4	Verify that an electronic transfusion order has been placed or that a telephone order is documented on the appropriate form in the blood bank. During periods of computer downtime, written transfuse orders will be faxed to the blood bank. Document on the audit form.
5	Verify that the issuing tech wears appropriate PPE, including gloves, during the issue process. Document on the audit form.

Step	Action
6	Verify that the issuing tech performs a visual inspection of the blood product. Document on the audit form. Appearances that would suggest the blood product should be quarantined include: A. Segments that appear lighter or darker in color than the primary bag contents B. Foreign objects in the primary container or ports C. Green-colored plasma caused by bacterial contamination (green-colored plasma as a result of biliverdin or birth-control pills is acceptable) D. Green-brown-colored plasma due to liver or pancreatic disease E. Hemolysis F. Purple color to red cells G. Clots H. White particulate matter in the primary container I. Supernatant fluid that is discolored from normal appearance J. Gross lipemia
7	Verify that the issuing tech reviews the recipient's blood bank historical data and ensures the blood product being issued meets the recipient's transfusion requirements. Document on the audit form.
8	Verify that the issuing tech reviews the patient testing and ensures all testing (including ABO confirmation if indicated) is complete prior to issuing the blood product. Document on the audit form.
9	Verify that an immediate spin crossmatch has been performed and, if indicated by patient history, an AHG crossmatch was also performed. Document on the audit form.
10	Go to the patient care area to perform the audit. A. If a person is picking up the blood product: walk with the transporter to the patient care area. B. If the blood product is being sent via pneumatic tube: a. Delay sending the blood product. b. Walk to the patient care area. c. Call the blood bank and tell the issuer to send the blood product via pneumatic tube.

Form revised 3/1/00

Steps that will be performed at the recipient's bedside

Step	Action
1	Do not interfere with the operations of the patient care unit while performing audits.
2	Document on the audit form whether the blood product was delivered immediately to the patient care area (if sent with transporter) or removed from the pneumatic tube station within 10 minutes (if sent via pneumatic tube). Make a note of the time the blood product arrived in the patient care area.
3	Introduce yourself to the transfusionist and explain that you are there to perform an audit of the transfusion process. Ask the transfusionist for his/her first and last name and legibly document on the top of the audit form. Ensure spelling is correct.
4	Follow the transfusionist to the recipient's room. A. Introduce yourself to the patient. B. Explain that you are performing routine audits of the transfusion process to ensure the transfusion process is being carried out correctly and safely for the patient. C. **Ask** the recipient if you can watch the blood administration process. **Do not continue with the process if the recipient declines.** D. **Do not point out any errors or omissions in the transfusion process while in front of the recipient or recipient's family.**
5	Review the recipient's medical record and document the following on the audit form. A. Ensure there is a provider order for transfusion is available in the electronic medical record or chart. B. Ensure the recipient has a signed consent form in the chart. Consents are good for the entire hospitalization for inpatients and with each transfusion episode for outpatients. C. Acceptable forms include: a. Blood Transfusion Consent Form (AHC CP 630B or AHC CP 630BSPN in Spanish) b. Consent for Operative, Other Invasive and Non-Invasive Procedures (AHC CP 63.4 or AHC CP 63.4SPN in Spanish) c. Blood Product Option Resource (Blood Refusal) Form (AHC CP 630.0A) D. In some situations where the patient cannot make decisions for him/herself, there may be a statement of incapacitation in the chart that will substitute for consent.
6	Verify that the recipient has a working intravenous (IV) line available for transfusion. Document on the audit form. No other solutions or medications besides normal saline should be running through the transfusion line.

Form revised 3/31/00

Step	Action
7	Ensure two individuals perform the bedside clerical check **before** the blood product is spiked. Document on the audit form. The components of the bedside clerical check include the following: A. Verification that the patient last and first name and medical record number on the blood bank and hospital armbands agree exactly. B. Verification that the patient's last and first name and medical record number on the hospital armband and patient/ unit label match exactly. C. Verification that the blood bank number on the patient blood bank armband and patient/unit label match exactly. D. Verification that the DIN (unit number) on the blood product label and the patient/ unit label match exactly. E. Verification that the expiration date and time (if applicable) on the blood product label and patient/unit label match exactly and the expiration date/time have not been exceeded. F. Verification that the unit meets patient specifications if the provider ordered special attributes for the donor unit.
8	Ensure that the only fluid running through the IV line with the blood product is normal saline (Plasmalyte can be issued with physician order). Document on the audit form.
9	Ensure the patient/unit label remains attached to the blood product and is not removed by the transfusionist.
10	Ensure the transfusionist knows the hospital policies by asking him/her the following questions and documenting responses on the audit form. A. How long must the nurse stay with the patient prior to leaving when a transfusion is started? a. This question is asked to ensure the transfusionist knows he/she must stay in the room and observe the recipient for at least 15 minutes after a transfusion has been started. b. The most severe transfusion reactions will generally begin within 15 minutes of transfusion start. B. Can you state 3 symptoms of a transfusion reaction? a. This question is asked to help ensure the transfusionist will recognize symptoms of a transfusion reaction if encountered during the transfusion process. b. Possible symptoms include: i. Chills ii. Shaking iii. Fever (rise in temperature of 2oF resulting in a final temperature >101°F) iv. Pain at needle site and along venous tract v. Chest tightness vi. Red or black urine

Form revised 5/2/09

Step	Action
10 Cont.	vii. Headache viii. Flank pain ix. Shock x. Dyspnea xi. Pulmonary edema xii. Urticaria xiii. Flushing xiv. Wheezing xv. Laryngeal edema xvi. Precordial pain xvii. Cyanosis xviii. Dry cough xix. Distended neck veins C. What steps should be taken if a transfusion reaction is suspected? a. This question is asked to ensure the transfusion knows what steps must be taken if a transfusion reaction is encountered. b. The immediate steps include: i. Stop the transfusion ii. Notify the physician to manage the patient's symptoms iii. Notify the blood bank D. What do you do with the empty blood product bag following transfusion? a. This question is asked to ensure the transfusionist knows the blood product is discarded in the biohazard (red bag) trash. E. Will the patient be discharged following transfusion (within 12 hours of transfusion)? a. If the patient will be discharged, ask the nurse for a set of the written instructions that will be given to the recipient prior to discharge. b. Hospital policy requires the nurse to give the patient the form, "Notice to Patient's Receiving Blood Transfusions within 12 Hours of Discharge."
11	Thank the transfusionist and the recipient for allowing you to perform the transfusion audit.

Steps will be verified upon return to the blood bank

Step	Action
1	Pull the T&S specimen that corresponds to the recipient transfusion. Ensure the specimen is labeled properly and document on the audit form. Labeling must include: A. Recipient's full name B. Recipient's medical record number C. Recipient's blood bank number D. Collector's initials or identification E. Date and time of collection
2	Pull the reagent quality control documentation for the day on which the recipient's T&S was tested. Ensure all reagents were quality controlled, all reagents were used within their assigned expiration dates, all quality control results and interpretations are acceptable. Document on the audit form.
3	Pull the temperature chart for the blood product storage container. Ensure the blood product was maintained at the appropriate temperature during storage. Document on the audit form.

Steps will be verified retroactively

Step	Action
1	Review the transfusion documentation in the recipient's medical record following the transfusion. Document on the audit form. If possible, print or photocopy the data and attach to the audit form.
2	Ensure the DIN (unit number) is documented correctly in the medical record.
3	Ensure the transfusion start and stop times are documented in the medical record.
4	Ensure the blood product was transfused within 4 hours of the time it was dispensed from blood bank. If the transfusion was not complete within 4 hours, the transfusion must be stopped.
5	Ensure vital signs were recorded at appropriate intervals. A. Pre-transfusion vital signs must be documented 0-15 minutes prior to the transfusion start time. B. 15 minutes vital signs must be documented 10-20 minutes after the transfusion start time. C. Vital signs must be documented two hours after transfusion start (from 1 hour and 45 minutes to two hours and 15 minutes). D. Vital signs must be documented 0-60 minutes after the transfusion was stopped.

Step	Action
6	Ensure a transfusion reaction investigation was launched if the recipient experienced symptoms of transfusion reaction (verify the vital signs). The chart should indicate whether or not the patient experienced symptoms of transfusion reaction.
7	Ensure the volume of blood product transfused is documented.
8	Completed forms are given to the supervisor for follow-up with the nursing unit. Aggregate results are reported to Transfusion Committee.

6. RELATED DOCUMENTS

Form: Blood Product Administration Audit Tool (AG.F114)

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
000	11.20.12	Section 5: Updated vitals to reflect changes to hospital policy, updated instructions for obtaining documentation of nursing training, added information about new form for patients being discharged within 12 hours of transfusion, added additional wording instructing the auditor not to interfere with nursing operations	SCodina	NCacciabeve
001	2.25.15	Section 5: Removed requirement to verify nursing education; unable to obtain routinely. Added audit ranges for vital sign documentation. Section 6: Updated form to reflect CPOE, moved from section 9 Footer: Version # leading zero's dropped due to new EDCS in use as of 10/7/13.	SCodina LBarrett	NCacciabeve
2	1.30.17	Header: Added WAH Section 5: Updated vital sign requirements (eliminated hourly and added 2 hour). Updated consents (all good for entire hospitalization or one year).	SCodina	NCacciabeve
3	2.28.2019	Header: Updated parent facility Section 5: Updated consent information to align with new AHC policy/forms.	SCodina	NCacciabeve

9. ADDENDA AND APPENDICES

None