ISSUE OF BLOOD COMPONENTS FOR TRANSFUSION

☒ St. Joseph Medical Center, Tacoma, WA	☒ St. Anthony Hospital Gig Harbor, WA	☐ Harrison Medical Center, Bremerton, WA
☒ St. Francis Hospital, Federal Way, WA	☒ St. Elizabeth Hospital Enumclaw, WA	☐ Harrison Medical Center, Silverdale, WA
☒ St. Clare Hospital Lakewood, WA	☐ Highline Medical Center Burien, WA	☐ PSC

PURPOSE

To provide instructions for **non-emergent** issue of blood components for transfusion using visual inspection, clerical check and SafeTrace Tx to insure that the proper component is issued to the correct recipient.

BACKGROUND

It is of utmost importance to take proper care during the dispense process for issuing blood to a patient. An inappropriately issued blood component can cause a serious adverse event for the patient. Any blood product that is inappropriately issued for transfusion is always FDA-reportable.

This work instruction must be strictly adhered to in order to prevent a potentially hazardous mistransfusion of blood.

COMMON FDA REPORTABLE ERRORS

Dispense Errors (can be caught during dispense process)

- Product not dispensed in SafeTrace Tx
- Product not irradiated or washed, etc., as required
- Product not Hgb S negative as required
- ABO retype of unit not performed
- Wrong patient tag is attached to the unit, for example:
    - Unit number does not belong to the patient
    - Product code does not belong to the patient – such as:
        - A unit with a division code that is not assigned to the patient such as A0, when B0 was the correct unit to dispense
        - Double reds (O Neg RBCs) or platelets with the same identical unit number, but different product codes.
- Product contains clots or is hemolyzed
- Issued to wrong patient entirely due to similar names
- An allogeneic unit was transfused when the patient had an autologous unit available.

Testing, Preparation, or Product Storage Errors

- If patient specimen used for testing is incorrectly or incompletely labeled or has expired
- If any required patient testing is not performed (ABORH, ABSC, ABID, XM, etc.) or is interpreted incorrectly
- If testing is performed on wrong patient
- If QC used for testing was unacceptable or if expired reagents were used (except for rare antisera with variance written)
- If components (FFP, Cryo, Platelets) are not prepared according to specifications, such as thawing or storage temperature requirements
- If product was exposed to unacceptable temperatures during storage or shipping

RELATED DOCUMENTS

M-W-TS-0852	SafeTrace Tx Order Notes
R-W-TS0403	Packing Blood Components for Transport
R-W-TS0317	Use of Safe-T-Vue Indicator
M-W-TS0326	Hemotemp II Indicator Use
R-F-TS1017	Blood Component Transport and Issue Log
R-W-TS0311	Emergency Release of Uncrossmatched Blood
J-F-TS1032	SJMC Surgery Blood Issue Log
R-W-TS0305	Visual Inspection of Blood Components
R-W-TS0350	Assigning Quarantine Status to a Unit
R-W-TS0144	Transfusion Service Activities During Computer Downtime
M-W-TS0319	Downtime Shipping, Receiving, and Issuing at Remote Sites

SUPPLIES

Temperature Indicators (Safe-T-Vue, Hemotemp II)
Biohazard Bags
Blood Transport Container

STAFF RESPONSIBILITIES

1. Only Transfusion Service Staff may remove blood components for issue.

2. Only responsible persons may pick-up blood for issue. This is defined as Physicians, RNs, HUCS, or other trained personnel familiar with the procedure and responsibility of blood pick-up and transport.

3. Only one unit per patient may be issued for transfusions to areas lacking monitored storage except in the following circumstances:
   - The patient is in the OR or is a trauma patient.
   - If a patient has two infusion lines and is bleeding. You must ask if they will be infusing both units at the same time. If the answer is “yes”, then two units may be issued.
   - If blood is needed emergently (patient is hemorrhaging rapidly), multiple units may be dispensed regardless of the patient’s location

4. A container (cooler) may be issued to:
   - Massive hemorrhage or trauma patients in the OR, critical care, L&D, Trauma, or ED
   - Off-site dialysis centers
   - Group Health

5. Any container must be identified on the Product Issue screen prior to issuing the units involved.

STEPS FOR BLOOD COMPONENT ISSUE

At each step of this procedure, resolve any discrepancy that appears before proceeding further.

Be aware of the priority for issuing RBC units to a patient:
- All autologous units should be issued first (beginning with the shortest expiration date)
- Directed units are to be issued second if they are available (beginning with the shortest expiration date)
- Finally any allogeneic units will be issued (beginning with the shortest expiration date)

Retrieve the Appropriate Component

1. The clinical transporter will bring a print-out of the Epic Transfuse RBC Order (best) - or - a Blood Product Pick-Up Slip or in order to check out blood. The form will have a patient identification label (including name, date of birth, and MRN). It will indicate how many and what products are to be issued.
   - ***If irradiated RBCs are required,*** *it will be found in the* ***Order Questions*** *section* ***of the Epic form.***

2. Obtain the pick-up slip from the transporter and examine it for the information listed in Step 1.

3. Also in the Order Questions section of the Epic Transfuse Order is the question: ***"Has consent been obtained?"*** It should say "Yes".

   If it says "No", you must:
   - First check about 5 sections down on the Epic pickup slip to see if there is a "Consent Update" section. If it says "Yes" – then you are done.
   - If there is no Consent Update field, then you must call the patient's nurse and notify him/her of the situation
     - Ask if the nurse is willing to wait for consent to be recorded in the Epic record prior to transfusion
     - Document the call as a patient comment in SafeTrace Tx with situation, date, time, your Tech ID, and the name of the nurse by using the SafeTrace Tx template CONSENT which expands to read:

     (Date/Time) (Tech ID) Informed nurse (Name) on (Floor) that patient consent for transfusion had not been obtained. The nurse was asked if transfusion should be delayed until consent obtained. The answer was (Yes/No).

     - Write and submit an IRIS

4. Retrieve the appropriate component from the refrigerator or platelet incubator. Verify that the following patient information contained on the P-tag on the back of the unit matches the information on the Epic pick-up slip. Read back is not necessary at this point.
   - Patient name and MRN
   - Birth date
   - Type of component (RBC, FFP, Platelet, Cryo)

Bring up the Patient Issue Screen

1. Select "Product > Issue" from the tool bar at the top of the screen. The Select Patient window will open.

2. Insert the patient MRN or Patient ID code and click "Query".
   - The hospital attached to the patient admission will populate the grid.
   - Occasionally, it may instead be necessary to insert the service provider (hospital)
   - Click OK and the Product Issue screen will appear

3. Take note of the At-A-Glance bar at the top of the screen
   - Click on any tab which has highlighted, colored letters to become familiar with the patient's situation
   - Be sure to review any patient comments under the C button
   - If the A tab is highlighted, there is an autologous unit available to the patient which should be transfused prior to any allogeneic units
   - Check the "S" button to view any special needs the patient might have
   - Check the status of the unit you are planning to issue by clicking on the "I" button. If the unit's status is "Work in in Progress" it means that there is a prohibiting factor on the unit that must be resolved before it can be issued

4. After reviewing the At-A-Glance bar:
   - Check the CSN # (account number) on the computer screen
     - The CSN # on the screen MUST match the CSN on the pick-up slip.

- If they are not the same, backspace over the current computer screen CSN number and type in the CSN number from the pick-up slip.
- Issue location (hospital). Sublocation is optional
- Release To:
  - Include your initials or Tech ID, the patient location, and the initials of person picking up the blood along with location of the patient: Example = A25/6C/RN

5. Use the bar code scanner to enter information in the Blood Product tab:
   - Scan in the unit number and product code. Tab.
   - Scan the Tag Bar Code (from the P-tag). Tab.
   - Product information will file into the "Component Information" area

6. Visually inspect the unit. If it is acceptable, click the "Visual Inspection" OK box

7. Record container number if a cooler will be used to transport blood products

8. Click Accept. The unit will populate the "Products to Issue Grid"

9. If multiple units are being issued to the patient at the same time, steps 4-8 may be repeated for each until all units are in the "Products to Issue" Grid

10. Stop at this point.

Inspect the Unit Information against the SafeTrace Tx screen.

1. Perform the following clerical cross-checks EXACTLY AS FOLLOWS with the transporter. For each item on the list, verbally confirm (state Correct or Not Correct) as to whether the information matches

Transporter Reads From:	What	TS Personnel Checks Information Against:

Pick up slip	• Patient name (spell it)
	• Birthdate
	• Medical Record #
	• CSN #
	• Product Type & Quantity to be issued
	• Irradiation – applies to RBCs. You will see:
	  ○ Not required = no irradiation
	  ○ Description of a condition = yes irradiation
		• P-Tag

Front face label of unit	• ABORH • Unit number • Product Code • Expiration date	• Tx Computer Screen
P-Tag on reverse side of unit	• Patient Name • MRN • Birth Date • ABORH (both patient and unit) • Unit number • Product Code	• Tx Computer Screen
P-Tag (look at these together with the transporter)	• BBID# (if required)	• BBID sticker on unit
	• Compatibility status of the unit (if RBC)	• P-Tag

2. If everything matches, click "OK" on the Product Issue screen. You should see a green pop-up box that states, "You have successfully issued the product."

3. On the retained pick up slip, record your initials along with the date and time of issue. Adhere a unit sticker or write the unit number on the form. Place the pickup slip into the appropriate file and retain it for 3 days.

4. Hand a biohazard bag to the transporter. The transporter will place the unit into the bag and take it to the clinical unit.

ADDITIONAL STEPS FOR SJMC ONLY

For Units Issued to Surgery that will be Stored in the Cardiac Core Refrigerator

1. Affix patient name label to SJMC Surgery Refrigerator Issue Log, and log in unit number(s) of units being issued.

2. Place a temperature indicator on the RBC units or FFP units that are currently at 1-6C. Best location is in a thicker part of the unit in order to get a true core temperature.

3. Make a photocopy of the Log and send the original with the units for use by OR staff when they remove blood from the OR refrigerator. (Usually surgery will bring the current log when coming to get more units. If not, start a new log.)

Offsite Transfusions:

Blood components issued to affiliate sites such as Group Health or FHS dialysis centers that are not on the hospital campus require the following additional actions.

1. Remove a temperature indicator (Hemotemp II) from the heat block, and attach to the plastic surface of the bag of each RBC unit being transported.

   Note:
   - FFP units which are already at 1-6C require a temperature indicator.
   - Omit this step for all Platelets and Cryo as well as FFP which is still at thaw temperature.

2. Complete a "Component Transport and Issue Log – SJMC"

3. Pack in transport box for shipping following correct protocol for temperature control.

4. Make a copy of the Component Transport and Issue Log and place the original in the transport box. Save the copy for follow up if the original is not returned.

5. Order transport or arrange delivery to the proper location.

ISSUING BLOOD COMPONENTS WHEN SAFETRACE Tx IS DOWN

1. At SJMC see "Transfusion Service Activities During Computer Downtime"

2. At SAH, SCH, SEH, or SFH see "Downtime Shipping, Receiving, and Issuing at Remote Sites"

REFERENCES

AABB Standards for Blood Banks and Transfusion Services, current edition

AABB Technical Manual, current edition