MIS-TRANSFUSION REDUCTION POLICY

☒ 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 describe when to perform a second ABORH on patients that are likely to be transfused. This situation will occur whenever a Type & Screen has been ordered on the patient with no historical blood type on file. The collection and testing of a second specimen drawn at a different time than the Type & Screen collection has the potential to lower the patient risk for a hemolytic transfusion reaction.

BACKGROUND

Most ABO-incompatible transfusions result not from laboratory testing errors but from mistakes in patient identification. This includes (1) sample collection or labeling errors that result in the wrong blood collected in the tube (WBIT) or (2) misidentification of the patient at the time of transfusion.

The incidence of wrong blood in tube is reported to be approximately 1 per 1000 samples. In one of every 12,000 transfusions the recipient receives a unit not intended for or not properly selected for him/her.

WBITs cannot be detected during pretransfusion testing unless an historical type is on record. It is important to remember that each WBIT has the potential to cause a hemolytic transfusion reaction. The most significant step for preventing mistransfusion is to obtain a properly labelled tube of blood from the correct patient.

For patients with no previous transfusion records, once ABORH testing has been completed on an initial specimen, the testing of a second independently collected sample will either confirm or deny the ABORH of the first collection. A discrepancy in ABO typing between the two samples will indicate that a mislabeling event has occurred during the collection process. Under these circumstances, appropriate corrective action prior to transfusion can reduce the potential for a mistransfusion event; and in this fashion a safer product is made available for the patient. Many hospitals throughout the United States have implemented a second specimen requirement, and it is standard practice in many European countries.

RELATED DOCUMENTS

J-W-TS-0374	ABORH History Mismatch Resolution
J-W-TS-0118	ABO Discrepancy Resolution
J-W-TS-0379	ABORH2 - Second Specimen
J-W-TS-0110	ABORH – Tube Method

POLICY

A second ABORH test will only be required once for a patient – as long as the blood types of the two specimens match – and is not required for any subsequent inpatient or outpatient visits.

1. All specimens arriving in the blood bank **MUST** display **date, time, and collector initials**.
2. When a patient has no previous record, it will be necessary to confirm the patient's blood type on a second specimen which is collected independently and at a different time from the first specimen.
3. SJMC will notify remote blood banks when a second specimen must be collected and sent to SJMC.

The second confirmatory blood type must be completed and documented before non-group O blood can be dispensed to the patient. This policy applies to Prepare RBC orders and is in effect for both inpatients and outpatients.

1. *Exceptions* – A second ABORH type will NOT be required, if any one of the following situations exist:
   - Patient initially types as O
   - Order is for a blood type only. No additional testing or blood components are requested
   - Neonatal patients requiring red cell transfusions. Only group O cells are issued.
2. The Transfusion Service will issue group O RBCs if the need for blood is urgent and cannot be delayed until a second blood type has been obtained and tested.
   - The Rh type of the blood issued in this situation will be based on the Rh results of the first specimen. For example:
     - If the first sample type is A Neg, then O Neg blood will be issued until the second sample can be obtained;
     - If the patient's first sample is B Pos, then O Pos blood will be issued until a second type can be resulted.

REFERENCES

AABB Standards for Blood Banks and Transfusion Services, current edition

AABB Technical Manual, current edition