PURPOSE

~~Flagstaff Medical Center~~ Northern Arizona Healthcare Facilities will use an additional identification band when Blood Bank procedures are requested.

~~Yellow~~ Blood Bank ID Bands (BB ID Band) will be used for the identification of patients and their blood samples when any of the following Blood Bank procedures are ordered: clot to hold, type and screen, type and crossmatch (transfusion of RBCs), ~~or~~ transfusion of platelets, FFP, or cryoprecipitate.

NOTE: Cord blood testing, ~~and type and Rh only~~, pre-operative type and screens more than three days from surgery, prenatal panels and Rhogam workups will not require BB ID Band.

A ~~yellow~~ Blood Bank ID Band will be applied when drawing blood samples which may be used for Blood Bank testing. This guideline applies to all patients for whom blood components for transfusion are prepared, including inpatients, outpatients, ambulatory surgery patients and Dialysis Center patients.

GUIDELINE

The ~~yellow~~ Blood Bank ID Band provides an additional unique number for patient identification when labeling blood specimens and blood components. The extra BB ID Band stickers and tube label are removed from the band and used to identify the patient’s blood samples and subsequent components for transfusion. Comparison of the BB ID Band number on a blood component with the BB ID Band on the patient ensures correct identification of the patient at the time of transfusion. As with all identification bands the BB ID Band must remain attached to the patient for the system to work successfully. If it is clinically necessary to remove the BB ID Band, it must immediately be re-attached to another part of the patient.

DEFINITIONS N/A

PROCEDURE

**INPATIENT**

1. Blood Bank testing on a patient is initiated when an order is placed in Cerner by the patient’s physician.
	1. A written order must be received on Outpatients. Written orders must include a Physician’s signature and a diagnosis code.
	2. Verbal orders are acceptable for surgical patients or during other emergency situations such as a “code blue”. A written order must be received as soon as possible.
2. Check to see if the patient has a current (collected within the last 72 hours) BB ID Band.
	1. Do not cut off a BB ID Band until it is determined it is necessary.
	2. If a current BB ID Band is present on the patient, notify the Blood Bank before proceeding.
	3. If the test request is for Fresh Frozen Plasma (FFP), Cryoprecipitate or Platelets, a new armband is not required, as long as the patient’s specimen is still available in the Blood Bank (<10 days old). Notify the Blood Bank.
	4. If the patient is not wearing a BB ID Band, or if the BB ID Band is expired and Red Blood Cell products have been ordered, a new Blood Bank specimen must be collected and the patient must be banded with a new BB ID Band.
	5. Please consult with the Blood Bank technologist prior to the removal of any Blood Bank armband.
3. Conscious Patient

Verify the patient’s identity by asking the patient to state their legal name and date of birth, when available, verify the hospital ID band against information listed on the blood draw labels.

1. Unconscious Patient

Verify the patient’s identity by comparing the blood draw label with the hospital ID band.

1. Unbanded Patient

If there is no regular or emergency ID band on the patient inform nursing personnel and request that the patient be identified and banded with a patient ID band. If the patient is a direct admit the BB ID Band which is applied by the phlebotomist can be used as a temporary armband as well as a Blood Bank Band.

**SPECIMEN COLLECTION**

1. When the patient is properly identified, write the legal name, medical record number (or FIN number), date of birth when available, and phlebotomist’s initials and employee number, date and time on the BB ID Band. Write very firmly with only a ball point pen.
2. ~~Secure~~ Fasten the BB ID Band securely on the patient by snapping the clasp firmly. Review the BB ID Band to ensure that it is secure (with adequate room for comfort) and that the label is legible. If handwriting is in any way illegible, remove the band and repeat step one with a new BB ID Band. ~~closed the clasp~~. ~~Ensure that the clasp is closed and the band will not come off. If the handwriting is in any way illegible use another band and start again.~~
3. Perform the phlebotomy and obtain the required blood samples.
4. Immediately after the phlebotomy and **AT THE BEDSIDE** peel off the BB ID Band white tube label with the patient’s name on it from the BB ID Band. Place that label on the 7 ml pink blood tube. Place a BB ID Band number sticker located on the “tail” of the BB ID Band on all other specimen tubes.
5. Remove the number sticker from the ID Band by tearing against the clasp or by cutting off with scissors. Please remove as many stickers as possible, do not leave any tail beyond the clasp. Ensure a BB ID Band number remains on the BB ID Band.
6. Deliver the “tail” of BB ~~extra~~ number stickers and the properly labeled Blood Bank tube ~~the blood sample~~ to the Laboratory ~~Blood Bank~~ for processing.
7. Hemolyzed specimens are generally unacceptable for Blood Bank testing. The Blood Bank technologist will notify phlebotomy staff is a new specimen is needed.

**OUTPATIENT**

1. Verify the patient’s identity by asking them to state their legal name and date of birth. Also check against the blood draw labels.
2. Write the legal name, medical record number, and date of birth when available on the ~~yellow~~ Blood Bank ID Band. Write the time, date and initials and employee number of the phlebotomist on the blood.
3. Remind the patient that the BB ID Band must remain on their person to ensure proper identification when the patient returns for transfusion. Suggest that the patient protect the BB ID Band from water by wrapping with plastic wrap.
4. Secure the band to the patient’s arm or ankle.
5. Perform the phlebotomy following steps 3-7~~6-9~~ above.

**PRE-OPERATIVE PATIENTS (Flagstaff Medical Center Only)**

1. When a pre-operative patient arrives for pre-op lab work and blood banking more than 3 days before the scheduled surgery the ~~yellow~~ Blood Bank ID Banding procedure **VARIES** **as follows:**
	1. The identification process remains the same.
	2. A BB ID band is not required. The tube can be labeled with a draw label also including the phlebotomist’s initials and employee number, date and time.
	3. A copy of the patient’s order and the Blood Bank requisition is sent to the pre-op nurse.
	4. The patient’s identity is verified on their arrival for surgery.
2. For pre-operative patients arriving within three days of surgery, a fresh tube for Blood Bank is obtained and labeled with the BB ID Band white tube label, as described in steps 3-7~~6-9~~ above, and the patient is banded. The Blood Bank orders are placed again and the specimen sent to the Blood Bank.

**TRAUMA AND GENERAL EMERGENCY DEPARTMENT PATIENTS**

* + 1. Trauma Patients will receive a trauma alias ID Band as soon as they enter the Trauma Room. Each of these patients will also be banded with a BB ID Band number and medical record or FIN number on each specimen. No accurate date of birth may be available.
		2. General ED Patients that have any suspicion of needing to be transfused will be banded with the BB ID Band at the time of phlebotomy.
		3. For Trauma and General ED patients identification is confirmed and phlebotomy is performed. The BB ID Band procedure steps 3-7 ~~6-9~~ above are followed.
		4. If the patient is given a trauma alias name or there is a name change, Blood Bank personnel will correlate the requisitions and the temporary name with a permanent name and number with Registration as soon as possible. The BB ID number will not change.

**REMOVAL OF THE BB ID BAND**

1. The BB ID Band should be left on the patient for the entire hospital stay.
2. If the BB ID Band is cut off for clinical reasons, the nurse must have a Registered Nurse witness the steps in the replacement procedure. Cut the band, retaining the portion of the band that has the patient’s ID number, blood ID number, and the patient’s legal name – **do not cut through the name**. Two (2) nurses (RN/LPN-Medical/Surgical Tech or RN/RN) witness and check the ~~yellow~~ Blood Bank ID Band against the patient’s hospital ~~blue~~ ID band. The retained portion is then inserted onto a provided wristband extender ~~into the new yellow plastic protective band~~ and replaced on the patient. The two (2) nurses must write the date, time, initials, and their employee numbers on the BB ID ~~yellow~~ band with a permanent marker. The RN must chart the replacement of the ~~yellow~~ Blood Bank ID band in the medical record. If this is a pre-op surgical patient, the replacement must also be noted on the surgical checklist.
3. If the patient has multiple BB ID Bands, those bands matching previously transfused components may be removed after consultation with the Blood Bank.

**LIMITATIONS**

1. If the crossmatch is ordered after the patient is already drawn, and a Blood Bank tube is unavailable, ~~for any other laboratory procedure,~~ the patient will be redrawn and a new BB ID Band applied for the new Blood Bank specimen.
2. Information on the Blood Bank specimens and orders must match **AND** be accurate. If a discrepancy or inaccuracy is found, the specimens will be rejected.
3. The BB ID Band shall remain on the patient until transfusion is complete for outpatients and for the duration of the hospital stay for inpatients and ambulatory surgery patients, unless the Blood Bank requests its removal.
4. Blood components and Blood Bank slips will be dispensed from the Blood Bank with a ~~yellow~~ BB ID Band ~~sticker or handwritten BB ID~~ number on both the components and report.
5. ~~Each new blood draw for a Blood Bank order will have a new BB ID Band. The old BB ID Band will not be removed until the Blood Bank is consulted.~~
6. If the BB ID Band is not with the patient, previously tested blood components **MUST NOT BE** transfused until retested on a new blood specimen properly identified with the BB ID Banding and labeling.
7. For urgent blood transfusion, type O~~-negative~~ uncrossmatched blood will be provided under the emergency release protocol. For patients with a known or suspected irregular antibody, the blood will be tested for corresponding antigen if time permits. The emergency release protocol will be followed and the phlebotomist will secure a blood sample according to the BB ID Band system when this is possible.
8. If additional sample(s) are required for extended or reference laboratory testing Blood Bank will provide specifics about type and quantity of tubes to be drawn. **DO NOT** re-band patient with a new BB ID Band.
9. Neonates less than four (4) months of age may keep the same BB ID Band until they reach four months or are discharged. These BB ID Bands are placed on the isolettes.
10. ~~The BB ID Band procedure will be followed for all Blood Bank orders, including clot to hold, type and screen, crossmatch and all blood components for transfusions. (Exceptions: cord blood studies, type and Rh only, pre-operative type and screens greater than three days, and Rhogam).~~
11. Any questions about the guideline or a problem following the procedure will be referred to the Pathologist on call. The attending physician for the patient will also be notified.

RELATED DOCUMENTS N/A

REFERENCES Standards for Blood Banks and Transfusion Services, 30th~~29th~~ Edition, American Association of Blood Banks, 2016~~2014, p. 34-35.~~

Technical Manual, 18th Edition, American Association of Blood Banks, 2014.

~~Guidelines of Practice #HP 1500-100 “Blood: Obtaining Blood in an Emergency Situation”~~

~~Guidelines of Practice #HP 300-146 “Identification Process for Unidentified Trauma and Critical Patients”~~

~~Guidelines of Practice #HP 300-12 “Patient Identification Process”~~