Verde Valley Medical Center Northern Arizona Healthcare	LABORATORY DEPARTMENT POLICIES AND PROCEDURES	Department: BLOOD BANK Number: 764.0-Blbk-gu-rev04/15

ROUTINE ISSUE OF BLOOD COMPONENTS

POLICY:

Patient and product identification is a crucial element in ensuring patient safety. To ensure the correct patient receives the correct product, a dual verification process is utilized to dispense blood products from the Blood Bank. Both the Medical Technologist (MT) dispensing the product and the courier receiving the product are responsible for ensuring the correct product is dispensed for transfusion to the correct patient. Blood products may only be released to RNs, LPNs, Perfusionists or providers, except under activation of the Massive Transfusion Protocol, when an aforementioned individual is not available to serve as the product courier. In these instances the blood is released to the runner, regardless of their qualifications.

~~It is the responsibility of both the Blood Bank personnel and the Nursing personnel who receives the unit of blood to properly identify the blood or blood component.~~

~~Processing and compatibility testing of units or components must be completed and acceptable before units will be issued. See "*Emergency Release of Blood*" or "*Incompatible Crossmatch Release*" procedures for issue of units with incomplete testing or incompatible crossmatch results.~~

PROCEDURE:

1. Only one unit for one patient will be issued at a time unless an emergency situation indicates multiple units will be infused within 30 minutes to the same patient, or it is certain infusion of all released units will begin within 30 minutes (ex. the patient is on dialysis).

2. The qualified courier must bring a patient label or a copy of the order to transfuse as positive patient identification. The lab is not authorized to issue units without this identification process, unless an emergency dispense of blood products has been requested by the Emergency Department.

3. Blood products for multiple patients will NOT be issued at the same time to the same RN/LPN, Perfusionist or Provider. Blood may only be issued to one patient at a time.

4. If multiple units of RBCs are being released simultaneously to either ED or OR and they are going to be held for use as needed (not immediate transfusion) they must be issued in a storage cooler.

~~To issue a unit of blood, a completed copy of the ***"Consent for Transfusion of Blood Products"*** is brought to the Blood Bank by the Nursing personnel picking up each unit of blood. The form is reviewed for completeness by the Blood Bank personnel issuing the unit.~~
~~The consent form must contain information for the current hospital stay including:~~
~~Patient name~~
~~DOB~~
~~Medical record number~~
~~Physician~~
~~Date within this hospital stay~~
~~Patient signature or Power of Attorney signature~~
~~Witness signature~~
~~A completed "Physician's Certificate of Emergency and Necessity" form can take the place of the "Consent for Transfusion of Blood Products" if the patient or patient's Power of Attorney is unable to sign and the doctor would like to transfuse the patient.~~

If the patient has signed the transfusion "REFUSAL" form, a request to transfuse the patient should not occur, and blood will not be dispensed from the Blood Bank for the patient.
A Spanish version of the form may also be completed. If correct completion of the form is in question due to a language barrier, request nursing to contact an interpreter for assistance with review of the form.
After review, this is documented in Cerner by selecting "*Consent Reviewed*" in the "Reason" field of the "Save" box that appears at issue (see "Dispensing blood in Cerner" section below).

Blood for routine transfusion will not be released by the Blood Bank technologist until this review is complete. Incomplete or incorrect forms must be corrected prior to dispense of blood.
If urgent transfusion is needed, one of the following forms may be accepted in place of the Consent to Transfuse.
Emergency Release Form
Physician's Certificate of Emergency and Necessity

SURGERY PATIENTS

1. Surgery notifies the Blood Bank, usually by phone, when a unit of blood on a specific patient is needed.
2. Unit segments are removed (as described below) and the unit is placed in a plastic bag for transport to Surgery by Blood Bank personnel.
3. In Surgery, the "Consent for Transfusion of Blood Products" or patient label is obtained from the patients chart and is reviewed by the Blood Bank personnel issuing the unit.
4. Continue with the following "Double Vision" process below to check out blood products.
5. After "Double Vision" has been completed:
   a. The Issuing Tech and Nurse/Physician document their Cerner ID and the date/time the unit was issued in the box on the bottom left portion of the Unit Tag.
   b. This portion is then removed by the Blood Bank tech and returned to the Lab for Dispense data entry in Cerner (see "Dispensing blood in Cerner" section below). File this portion of the Unit Tag in the bins labeled "Downtime/Surgery Dispense Info".

ROUTINE DISPENSING

Perform the following "Double Vision" process to check out blood products from the Blood Bank:
After receiving the consent to transfuse from Nursing, the Blood Bank tech takes the form to the blood component storage location to obtain a unit that has been set up on the patient.
When the unit is located, the unit tag and Blood Bank Identification label on the unit are compared to the patient information on the consent form to verify it is the correct patient and unit.
When issuing Allogeneic units, issue the oldest units first for optimal use of inventory.
Always issue Autologous units prior to Allogeneic units.
After the correct unit is located, place the unit of blood and the Unit Tag next to each other on a counter or table.
Nursing personnel states the following information from the unit tag:
Patient name
Medical record number
Blood Bank Band Identification number
Donation Number
Expiration Date of blood unit
Type of blood component
ABO/Rh of blood unit
ABO/Rh of Patient
Crossmatch Interpretation (no crossmatch is needed for FFP, platelets, or CRYO)
Component Type
Special transfusion requirements
As nursing personnel verbalizes the information, both the nursing AND Blood Bank personnel simultaneously compare each element to be checked on each item to make sure all information matches and is accurate.
No unit will be issued if there is any discrepancy of any information in Cerner, on records, on the blood or component, or on the Unit Tag until the discrepancy is resolved.

The Blood Bank staff person inspects the unit for proper labeling and acceptable appearance before issue.

~~Proper labeling includes (and is not limited to):~~
~~Patient Name~~
~~Date of Birth~~
~~Patient Medical Record~~
~~Patient ABO/Rh Type~~
~~Donation Number~~
~~Unit ABO/Rh Type~~
~~Unit Expiration Date~~
~~Blood Product Type~~
~~Product Storage Requirements~~
~~Product Manufacturer~~
~~Proper Label Adherence~~
~~Blood products will not be issued, nor should they be accepted if the appearance of the unit/product is unacceptable. Unacceptable appearance includes (and is not limited to):~~
~~Abnormal Color~~
~~Bubbles~~
~~Holes/Cracks in container~~
~~Hemolysis~~
~~Icterus~~
~~Clots~~
~~Unusual appearance of any type~~

~~If the unit is acceptable, document "OK" in the "Visual Inspection" box in the "Save" box that appears in Cerner at dispense (see Cerner Dispense instructions below). If the unit is unacceptable:~~
~~Do not release the unit for transfusion.~~
~~Quarantine the unit until destroyed, returned to the blood provider or released into stock. See "Quarantine/Destruction of Blood Products" procedure.~~

~~Dispensing blood in Cerner:~~
~~See "Dispense/Assign" section of Cerner manual.~~
~~The following items need to be entered into the "Save" dialog box that appears at dispense.~~
~~Physician: Document the Physician who ordered the transfusion.~~
~~Reason: Select "Consent Reviewed" to document the form was reviewed prior to Dispense.~~
~~Visual Inspection: Document whether or not the unit inspection was acceptable or not.~~
~~Courier: The Cerner ID of the Nurse/Physician receiving the unit is documented in this field.~~
~~Device: No data entry is required in this field.~~
~~Cooler: No data entry is required in this field.~~
~~Blood Bank id: The Blood Bank arm band number is documented in this field.~~

~~Before the unit is removed from the Blood Bank, the Blood Bank personnel removes two unit segments and labels them with the unit number stick-on labels on the back of the unit, making sure at least one segment is left on the bag. Place the labeled segments in the bucket labeled with the current date in the BB8 refrigerator.~~

~~Attach the Unit Tag to the unit of blood.~~

~~Place the unit in a bag for transport to the patient's bed side.~~

~~Units removed from the Blood Bank refrigerator will not be out more than 30 minutes before infusing.~~

1. The qualified courier must bring a patient label or a copy of the order to transfuse as positive patient identification. The lab is not authorized to issue units without this identification process, unless an emergency dispense of blood products has been requested by the Emergency Department.

2. The dispensing process is begun by the MT as follows:
   a. Select the appropriate product from the storage unit.
   b. Access "Assign/Dispense" application.
   c. Select "Dispense" from the Task Menu.
   d. Search using the patient's FIN (preferable) or other identifier.

e. Scan the Product Donation Identification Number in the appropriate field.
f. Click on the <SAVE> button to open the "save dialog" box.
g. If the physician name has not defaulted into the "Physician" field type in the beginning letter(s) of the physician's last name and select the correct physician from the dropdown list.
h. Press <TAB> to advance to the reasons dropdown list and select a reason for transfusion.
i. Press <TAB> to select the reason and advance to the "Visual Inspection" field. Inspect the unit for breakage, abnormal color, and correct labeling. If the unit is acceptable enter "O" or select "OK" from the dropdown list. If the unit is unacceptable, do not release the unit for transfusion. Quarantine the unit until destroyed, returned to the blood provider or released into stock. See "Quarantine/Destruction of Blood Products" procedure.
j. Press <TAB> to accept the entry and to advance to the courier field.
k. Type the second verifier's initials and their Lawson number into the "Courier" field (RN/LPN, MT, etc., depending on the circumstances).
l. Press <TAB> to accept the entry and advance to the cooler field. No entry is made in this field unless a cooler is being used.
m. Press <TAB> to advance to the Blood Bank ID field.
n. Enter the Blood Bank ID number.
o. Hand the Blood Product Administration Worksheet to the qualified courier.

3. The nurse reads the following information off of the worksheet as the MT verifies that the information is identical to that on the computer screen, the information provided to request the unit, on the crossmatch tag affixed to the unit and the unit itself.
   a. Patient's name
   b. Medical record number
   c. Patient's Blood Bank Identification number
   d. The product Donation Identification Number
   e. Product ABO/Rh
   f. Patient ABO/Rh
   g. Special transfusion requirements
   h. Expiration date and time of the product
   i. Compatibility (if applicable)
   j. Click <OK> and exit the application.
4. Blood products CANNOT be issued if there is any discrepancy in any of the items listed in #3 above. Any and all discrepancies in patient versus product versus records must be resolved BEFORE product is released for transfusion.
5. The unit is placed in a blue plastic bag and then physically released to the courier for immediate transport to the appropriate nursing unit.
6. Blood products shall not be stored in any storage unit (refrigerator, freezer, etc.) other than an approved temperature monitored Blood Bank storage unit.
7. Blood products dispensed from the Blood Bank and not infused can be returned if the temperature of the unit is ≤10°C and the unit has not been entered (spiked). If the transfusion cannot be started within 30 minutes of product issue the product should be returned to the Blood Bank.
8. Products returned >10°C may not be returned to general inventory. However, the expiration date and time of the product may be modified to reflect an expiration of four hours from the time of original issue. The unit may only be re-released to the same patient. If the unit is then re-issued for **the same patient,** the unit must be completely infused prior to the unit's new expiration date and time.
9. If a transfusion is begun and not completed the patient will be charged for the blood product.

~~6. If the transfusion cannot be started immediately, the blood must be returned to the Blood Bank immediately.~~

~~7. Units will not be stored in a refrigerator other than the temperature monitored Blood Bank refrigerators.~~

~~8. The following products are not returnable to UBS if not transfused:~~
~~Frozen plasma and cryoprecipitate, once thawed~~
~~Pooled platelets~~
~~Washed or irradiated RBC's~~

~~If packed RBCs are returned to the Laboratory after Dispense:~~
~~Receive the unit back into the Lab using the "*Return Products*" application in Cerner to document the~~

~~date/time of return, and the Cerner ID of the Nurse/Physician returning the unit.~~
~~If the unit is returned over 30 minutes after Dispense, the unit is automatically Quarantined by Cerner and must be destroyed (see procedure "***Quarantine/Destruction of Blood Products***").~~
~~If the unit is returned within 30 minutes of Dispense:~~
~~Make sure the container closure has not been disturbed and at least one sealed segment of integral donor tubing has remained attached to the container.~~
~~If the unit is not used by this patient and only one segment remains on the unit, return the unit to United Blood Services.~~
~~Re-attach the Unit Tag to the unit and return the unit to the blood bank refrigerator.~~

NOTES

1. Units dispensed and not returned to the Blood Bank are updated automatically in the computer system to transfused 30 minutes after issue. Units dispensed in a cooler will not automatically update and any units transfused must be manually updated in Cerner using the "Final Disposition" application.
2. When products are returned to the laboratory the "Return to Inventory" application in the computer system is used to document the return of the product and to make the product available for future use. The product must be inspected for the following conditions prior to returning the product to inventory. If any of these conditions is not met the unit cannot be returned to inventory, it must be destroyed.
   a. The unit was returned within an acceptable time period:
      1) Products not issued in a cooler ≤ 10°C
      2) Products issued in a cooler before the time expires on the cooler AND the temperature indicator (RBCs only) is still white; indicating the RBC temperature was within 1-10°C
   b. The container closure has not been disturbed.
   c. At least one sealed segment of the integral donor tubing has remained attached to the container (RBCs only).

~~Cerner Downtime~~

CERNER DOWNTIME

1. If Cerner is down, the Unit Tag may be replaced by the Blood Bank Unit Requisition when a unit is processed during downtime (See procedure "***Blood Bank Requisition***").
2. The Unit Tag is ~~would be~~ available ~~on~~ for units processed when Cerner was live. In this case the staff performing double vision documents the dispense information on the bottom, left, sticker of the unit tag. The data is entered in to Cerner when it becomes available.
3. Cerner does not allow units with an expired crossmatch to be dispensed without a warning. If Cerner is down, the unit crossmatch expiration date/time must be checked manually if the unit is dispensed.

REFERENCES:

1. AABB, 1618th Edition. (2014~~2008~~). *Technical Manual*, Bethesda, Maryland: AABB.
2. AABB, 2730th Edition. (2016~~2011~~).*Standards for Blood Banks and Transfusion Services*, Bethesda, Maryland: AABB.

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