PROCEDURE

Title: Blood Bank Requisition

Procedure #: 2015BLOODBANK79

Institution: Highlands Regional Medical Center

Address: 3600 Highlands Avenue, Sebring Florida 33870

Prepared by: Anita Smith Date: 6/12/2015

Title: Laboratory Administrative Director

Accepted by: _____ Date: 6/12/15

Title: Laboratory Medical Director

Date Patient Testing Implemented: 9/1/2008

Review of procedure every two years

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Discontinued testing date: _____

Highlands Regional MEDICAL CENTER

Policy Name: Requisition Acceptability | **Department:** Blood Bank

Departmental Review: | **Policy #:**

INITIATE DATE	DATE REVIEWED/REVISED	PAGE 1 of 4
09/2008	08/2008, 04/2013, 05/2014	

PURPOSE:

In order to provide accurate and timely service to patients and physicians in regard to blood product availability it is imperative that blood bank requisitions (Transfusion Request and Documentation form) be properly completed.

POLICY:

When a blood bank requisition is received in the laboratory, the blood bank technologist is responsible for verifying that all pertinent information is legible and complete. It is the blood bank technologist's responsibility to assure that all requisitions are completed correctly.

PROCEDURE:

1. Nursing Units will label all copies of the requisition with patient demographics. If a label is not available the Nursing staff will use block print to complete the patient demographics which include:
   - Patient name (last and first)
   - Date of birth
   - Physician
   - Patient medical record and account number
2. The Nursing Unit generating the order is responsible for filling in the following information on the Transfusion Request and Documentation form:
   - Type of testing required
   - Type of product requested
   - Urgency of order (date of surgery, transfusion, etc.)
   - Reason for crossmatch
   - Physician requesting test
   - Time, date and initial of individual completing request form
3. Upon completion the form it is sent to the Lab and time stamped. In the case of a STAT, the Lab is to be notified by phone and the request slips may be kept at the unit for the phlebotomist to pick-up if the patient needs to be drawn.
4. Once the requisition is in the laboratory the blood bank technologist will check for legibility and completeness. If the form is not complete or is illegible the form will be sent back to the appropriate nursing station to correct the problem or a new requisition will be requested. If the omission or legibility does not involve patient identification the

blood bank technologist may call the nursing unit to obtain the information (i.e., intended date of transfusion) and complete the form.

5. Upon receipt of the complete and legible requisition, the requested blood bank procedure will be performed.
6. When the specimen is drawn, the phlebotomist will compare the information on the request form with the information on the patient armband. If the information is in agreement the appropriate specimen will be drawn. The specimen will be **labeled at the patient's bedside** with the following information:
   - Patient name (last and first),
   - Patient medical record and account number
   - Date and time of collection
   - Initials of the person obtaining the specimen
7. The patient label will be affixed to the tube and the blood bank armband which will be attached to the patient. A number sticker from the blood bank armband will be placed on the front page (chart copy) and the pink page (unit copy) of each requisition. The phlebotomist will sign, initial, date and time each requisition. The remaining stickers are labeled with patient information and will accompany the requisitions to the lab.
   NOTE: Proper Blood Bank specimen collection must be followed at all times (see policy on Collection of Blood Bank Specimens)
8. If there is no current hemoglobin and hematocrit available on the patient (or in the case of platelet transfusion a current platelet count), the Blood Bank Technologist will order and have performed the appropriate testing in accordance with the Medical Staff Bylaws.
9. Upon receipt of the properly completed requisition, the Blood Bank Technologist will confirm that all identifying data on the transfusion requisition is identical to the information on the specimen tube before proceeding with compatibility testing.
10. The technologist will check the patient history in SoftBank. The Blood Bank Technologist will order a retype for patients without previous history. In the case of a discrepancy between current and historical data all efforts will be made to resolve the discrepancy before issuing products.
11. The Blood Bank Technologist will proceed with the indicated testing. Any special instructions such as the use of a blood warmer or filter will be noted on the form in the message section.
12. The Technologist will call the Nursing Unit when units are available for issue.

13. The unit information will be checked against the actual unit, a patient unit label is printed and attached to the unit and the crossmatched unit is then stored in the crossmatch drawer(Blood Bank ref) according to blood type.
14. A member of the laboratory staff will place the completed transfusion slip(s) in a designated location in the laboratory.
15. To obtain blood components, a member of the nursing staff MUST pick up the transfusion slip in the laboratory. In an emergency, if the transfusion slip is not immediately available, a patient label will be accepted. The lab tech will issue the unit and file the transfusion slip.
16. When units are release the Blood Bank Technologist will remove the patient unit label from the unit, affix a Released sticker on the transfusion slip and place in the designated file.
17. Nursing will complete the Blood/Blood Product Checklist portion of the form for each unit transfused. Upon completion of the transfusion slip, a copy is sent to blood bank. The blood bank technologist will check for completeness of the transfusion information. If the information is not complete or is illegible, the transfusion slip will be sent back to the appropriate nursing unit to complete the information. It is acceptable for units transfused in the OR to record this information in the anesthesia record and document its recording on the blood bank form.
18. The completed slip is kept on file in the laboratory according to AABB, CAP and State guidelines.

REFERENCES:

AABB Technical Manual
CAP Requirement: TRM.30575, TRM.40250, TRM.40300, TRM.40670, TRM.40820

LAB

SECTION I – TRANSFUSION REQUISITION

Component Requested (Check One)

- ❑ Red Blood Cells
- ❑ Fresh Frozen Plasma (FFP)
- ❑ Platelets, Apheresis, Single Donor
- ❑ Platelets, Random Donor, # units _____
- ❑ Cryoprecipitate
- ❑ Other (Specify) _____

Criteria for Transfusion (Pre-transfusion Labs)	
Hgb/Hct	
PT/APTT	
Platelets	
Fibrinogen	

Requesting Physician

Date/Time Required

Specimen Collection Certification: I have collected a blood specimen from the patient identified below, verified the name and identification numbers on the patient wrist bands, and verified the specimen tube label to be correct.

Signature of Person Collecting Specimen

Date/Time Collected

SECTION II – PRE-TRANSFUSION TESTING

Donor	Recipient	Testing Interpretation	Previous Record Check
Unit No.	Blood Band No.	Antibody Screen ❑ NEG ❑ POS	❑ Record * ❑ No Record
Exp. Date		Compatibility Testing ❑ COMPATIBLE ❑ INCOMPATIBLE	*Current Testing is Consistent with Previous Records
ABO	ABO	❑ Unit is Least Incompatible with Patient Serum	**Signature of Technologist**
Rh	Rh	❑ Compatibility Testing Not Required	**Date / Time Tested**

SECTION III - EMERGENCY RELEASE – COMPATIBILITY TESTING NOT COMPLETED

Component Released is:

☐ O Negative Red Blood Cells, Uncrossmatched

☐ Type-Specific Red Blood Cells, Uncrossmatched

☐ Other (*Specify*) _____

Date/Time Released: _____

Technologist: _____

I believe this patient's condition to be life threatening, therefore I am authorizing release of blood before completion of testing.

_____

Attending Physician Signature

SECTION IV – RECORD OF TRANSFUSION

I have inspected the blood component for abnormal color and appearance, verified patient identification information and released it to nursing personnel.

Date/Time Issued

Technologist (Signature)

Pre-Transfusion Verification

We certify that prior to blood administration we have examined the blood component label, information on this form, and all patient ID bands. The intended recipient of this blood product is the same person named on this form and the blood component.

Patient Consent/Refusal Form Signed? ❑ Yes ❑ No

Transfusionist (Signature)

Qualified Individual (Signature)

Transfusion Started ❑ AM ❑ PM **Date:**

Time	Time	B/P	Pulse	Resp	Temp
Pre-Transfusion					
15 Minutes					
30 Minutes					
45 Minutes					
1 Hour					
1 ½ Hours					
2 Hours					
2 ½ Hours					
3 Hours					
Post-Transfusion					

Transfusion Stopped/Completed _____ **Date**_____ **Initials**_____

Volume Transfused _____

Blood Products Expire 4 Hours After Removal From Blood Bank

Observation for Transfusion Reaction

❑ No Apparent Reaction ❑ Suspected *

Monitor patient for the following reactions:

Fever (temperature elevation of 2˚F), **Chills** (with or without rigors)

Respiratory distress, including wheezing, coughing, dyspnea, and cyanosis

Pain: Abdominal, Chest, Flank, back, or pain at the infusion site

Hyper or Hypotension,

Skin Changes (urticaria, rash, flushing, pruritus, localized edema)

Nausea/Vomiting, Abnormal bleeding, Oliguria/Anuria

If Transfusion Reaction is Suspected – IMMEDIATELY:

1. Stop Infusion. Treat shock, if present. Change IV tubing and keep line open
2. Notify Physician Dr. _____ notified at _____ *(date/time)*
3. Notify Laboratory _____ notified at _____ *(date/time)*
4. Treat mild symptoms per physician's orders
5. If transfusion is discontinued, return unused blood component unit and IV set
5. Monitor patient closely until stable
6. Document description of reaction in patient medical record

Administering RN (Signature) **Date/Time**

Blood or Blood Component Transfusion Record – 11 Vitals

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(Rev. 01/09, 10/12, 11/12, 06/13)

ORIGINAL - Medical Record COPY - Blood Bank

Patient Label

Highlands Regional MEDICAL CENTER

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INITIATE DATE	**DATE REVIEWED/REVISED**	**PAGE 4 of 4**
09/2008	08/2008, 04/2013, 05/2014	

Reviewed by Reviewed Date	Reviewed Date		Reviewed by
5/29/15 5/29/15			

Initial Implementation Date: _____

Taken out of Service: _____

Reason: _____

Reviewed by: signatures on file Christel Pothole Date: 5-19-14

Department Supervisor

Reviewed by: Angela Lauster Date: 5/19/14

Department Adm. Director

Reviewed by: _____ Date: _____

Department Chief Technologist

Reviewed and Approved by: [illegible] MD Date: 5/20/14

Department Medical Director