Blood Transfusion Sample
Acceptance / Rejection Policy

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.
POLICY STATEMENT

The Aneurin Bevan University Health Board is committed to providing blood components in a manner that maximises benefit to patients and minimises the risk that a patient might receive the wrong blood component, or otherwise come to harm because of the transfusion. This policy:

1. Details the principles for the adequate identification of blood transfusion specimens and request forms in order for them to be accepted for analysis, prior to the release of blood and/or components.

2. Details the principles for the adequate identification of mother and baby samples for Kleihauer analysis, prior to the release of anti D immunoglobulin in the prevention of haemolytic disease of the newborn.

BLOOD TRANSFUSION REQUESTS

Principles

- The collection of patient blood samples for pre-transfusion compatibility testing is a critical step in the blood administration process. It is essential that the collection of these samples, along with the labelling of both the sample and the accompanying request form, be performed correctly in order to maintain safe blood transfusion practice. Pre-transfusion blood sampling should only be undertaken by staff who have been fully trained staff and competency assessed. (The blood collection procedure is detailed in the Aneurin Bevan University Health Board Blood Component Transfusion Policy).

- Every request form and sample undergoes an identity check on arrival within the transfusion laboratory, to ensure compliance with the criteria detailed in this policy. The details handwritten on the patient’s sample are verified against those recorded on the request form. **It is essential that the patient’s core identifiers along with all other details are clearly and accurately recorded on both the sample and the request form.** Discrepancies and/or labelling inaccuracies will lead to sample rejection and a delay in the provision of blood or blood components if required. On all occasions the patient will have to be re-bled and the request resubmitted.

- Transfusion samples are valid for up to 7 days post collection. Validity is reduced to three days if the patient has been transfused...
or pregnant during the three months prior to the proposed transfusion. Telephone requests for blood/components are acceptable provided a valid sample is available within the laboratory. The core identifiers will need to be provided along with a reason for the transfusion. Duplicate samples may not be processed if a valid same day sample is already available in the laboratory.

**Patient Core Identifiers:**

- **NAME:** First and Last Name
- **DATE of BIRTH**
- **NHS or HOSPITAL NUMBER:** NHS number preferable
- **ADDRESS:** First line of the address minimum

**NB:** Standard abbreviations e.g. for Street (St), Road (Rd) Avenue (Ave), Close (Cl), Nursing Home (NH), etc are acceptable when handwriting the sample.

**Transfusion Request Form**

- The requesting of blood and blood components must only be carried out by an appropriately trained, competent and locally authorised practitioner.
- The practitioner must **accurately** complete all the relevant parts of the request form (See Appendix 1).
- Addressograph labels are allowed on the request form to convey the patient’s core identifiers although, if handwritten, these identifiers, along with the gender, diagnosis, transfusion history and blood/component requirements, must be clearly and accurately recorded.
- It is essential to inform the laboratory if there are any special transfusion requirements (where known).
- The requester must sign, date and provide a contact number to complete the request.
- The shaded section of the request form containing the declaration that the patient has been correctly identified **must** be completed by the person who has collected the blood sample, as highlighted in the example form in the appendix of this policy.

**Transfusion Sample Collection**

- **Positive patient identification is essential in the blood sample collection process.**
- A 6 ml. EDTA blood sample is required for transfusion requests (Neonatal sample tubes are available: see Baby Sample p5).
- The collection of that sample from the patient into, and the subsequent labelling of, the tube should be performed as one continuous, uninterrupted event involving the patient and a trained competent healthcare worker.
- An identification band, essential for the blood administration process, must be worn by all in-patients, day case and emergency admission patients (see Unidentified / Unknown patients below).
- If alert and responsive, the patient must be asked to state their Name, Date of Birth and 1st line of address, without prompting, and these details, plus the hospital / NHS number, must be checked against the ID Band (if worn) and Request Form.

- The patient sample must be labelled with the core identifiers and these identifiers must exactly match those recorded on the request form (NB: abbreviations eg St for Street etc are acceptable) and on the patient’s identification band. The label on the patient blood sample is the Blood Bank’s primary source of information, with regards to patient identity, for any subsequent transfusion and must be hand written legibly and accurately (in ball point pen to avoid washing out or smudging).

- The person who is taking the sample must complete the process at the bedside by recording their signature and the date and time of collection on the sample and filling in the shaded section of the request form to confirm positive patient identification.

Unidentified/Unknown Patients

When identity is unknown, it is essential that a patient is individually and uniquely identified.

An unique number and gender is the minimum acceptable information however, the form and sample should contain the following criteria to improve identification and assist the blood transfusion laboratory to provide appropriate blood, blood components and products.

1. A Unique Emergency/Identification Number
2. Last Name – Unknown
3. First Name – The Patient’s Gender e.g. Male1, Male 2, Female 1, Female 2 etc.
4. Date of Birth – Approximate age, Child, Young adult, Elderly
5. 1st Line of Address – Time of admission
6. Signature of the sample taker.
7. Date of collection.

Criteria 1 to 6, handwritten on the sample, must exactly match those recorded on the request form. In emergency situations it is essential to provide on the request form the contact details of the requesting clinician.
KLEIHRAUER REQUESTS

The Kleihauer test is a screening test applicable for Rh Negative women to determine the whether additional anti-D immunoglobulin is required following a potential sensitizing event (PSE) after the 20th week of pregnancy or following the delivery of a Rh (D) positive infant. It is essential that the sample collection procedure is followed carefully to ensure the correct, appropriately labelled, sample is tested. This is particularly important when an infant’s sample is sent as well. A ‘mix up’ of samples could result in the mother failing to receive appropriate anti-D prophylaxis within the optimum time (72 hours post PSE).

Maternal Sample

- A 6ml. EDTA sample must be collected and labelled as described earlier for a transfusion sample.
- The word maternal should be written on the sample to distinguish it from the cord sample. The sample must not be taken until sufficient time has elapsed to allow foetal cells to be distributed within the maternal circulation following a PSE. A period of 30 to 45 minutes is considered adequate.

Baby Sample

Following delivery a cord blood sample must be taken. Whenever possible, that sample should be taken via a needle and syringe from an umbilical cord blood vessel into a 6ml. EDTA specimen bottle. If a cord sample is unavailable, another sample may be taken provided it complies with the labelling requirements described in this policy.

- The baby’s sample must be handwritten. Addressographs are not acceptable and must not be used.
- For paediatric sample tubes the core identifiers may be handwritten on a blank adhesive label (after sampling) which is then applied immediately to the sample tube.
- All the core identifiers must be clearly written on the label.
- Care must be taken if the baby is given a last name which is different to the mother’s.
- In the absence of a baby’s forename being available (ie not given) the sample must be clearly labelled with the words ‘infant’ or ‘Female / Male infant’ followed by the Infant’s surname.
- The date of birth on the sample must be that of the baby and not the mother.
- NHS number of the baby must also be provided if registered.
- The words cord blood must be written on the sample.
- The sample must be signed and dated by the person who has collected the sample.
References


BCSH guideline for the use of anti-D immunoglobulin for the prevention of haemolytic disease of the fetus and newborn (2014)

www.bcshguidelines.com

Standards for Health Services (Wales)

Blood Component Transfusion Policy, Aneurin Bevan University Health Board

Pre Transfusion Sample Acceptance Poster
Appendix 1: Taking a pre-Transfusion Sample.

Taking samples for pre-Transfusion testing

This section MUST have been completed and signed by the requester before you perform your task. Do not proceed if not completed. Addressographs are acceptable as long as they are accurate.

This section must be completed by you after you have taken and labelled the sample. Never label a sample someone else has taken or hand your sample to be labelled by someone else.

This section should have been completed by the requester before you perform the task.

REMEMBER - Correct Patient Identification is your responsibility

Taking a sample for Pre-Transfusion testing is a Critical Procedure. Avoid distractions whenever possible. Report anything that interferes with your role.

If an In-Patient or Day Case is not wearing an ID Band - DO NOT PROCEED refer to the ward manager.

Wherever possible obtain Positive Patient Identification by asking the patient to state their full name, date of birth and first line of address. Match this against the ID Band and Request Form. Check their hospital number between the Request Form and ID Band (if an In-Patient / Day-case).

For unconscious patients - Take Extra Care & USE THE ID BAND - you can confirm with another carer if available.

MANUWRITE THE SAMPLE USING BALL POINT PEN TO AVOID SMudging. If distracted START AGAIN!

Complete all checks and labelling at the patient’s bedside. DO NOT PRE-LABEL SAMPLE TUBES. DO NOT USE ADDRESSOGRAPH LABELS ON SAMPLES.

March 2014
ABUHB Transfusion Practitioners

NB: Shaded area is at the bottom of the form in subsequent versions.
Appendix 2: Example of correctly completed Request Form & Sample (current version).

NB: Patient details for illustration only and are fictitious.
Appendix 3: Example of new version of Request Form (available 2015)

<table>
<thead>
<tr>
<th>Test Required</th>
<th>Units Required (Number)</th>
<th>SPECIAL REQUIREMENTS</th>
<th>Infrared</th>
<th>CMV Heng</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group &amp; Save</td>
<td>Red Cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fresh Frozen Plasma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAT</td>
<td>Platelets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kleihauer</td>
<td>Cryoprecipitate</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date/Time Required:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Requested by: (Print Name)  Signature  Ext./Bleep No.

FOR COMPLETION BY THE PERSON TAKING THE SAMPLE
FAILURE TO COMPLETE THIS SECTION WILL RESULT IN SAMPLE REJECTION

ALL INPATENTS AND DAY CASES SHOULD WEAR AN IDENTITY BAND
I confirm that I positively identified the above named patient by checking that all relevant details matched before taking the sample.

Date sample taken:  / /  Time:  :
Taken by: (Print Name)  Signature  Ext./Bleep No.

FOR URGENT REQUESTS TELEPHONE THE TRANSFUSION LABORATORY

LABORATORY USE ONLY

Sample acceptance criteria met?  YES / NO
Sample checked by: (Name)