

TAKING SAMPLES FOR BLOOD TRANSFUSION

1. PATIENT IDENTIFICATION

1.1 Positively identify the patient using:

- a) interrogation of the patient whenever possible
- b) the patient's identification label (e.g. wrist band)
- c) the patient's hospital notes

2. TECHNICAL PROCEDURE

2.1 Only bleed one person at a time (7 ml EDTA sample for transfusion)

2.2 label the sample tubes immediately after the blood has been taken
DO NOT label the tubes before taking the blood sample

2.3 Complete the procedure for one patient before moving to the next

3. MINIMUM LABELLING REQUIREMENTS FOR SAMPLE AND REQUEST FORM

- a) Surname
- b) First name in full (not initials)
- c) Hospital or A&E number
- d) Date of birth (not age)
- e) Ward/clinic
- f) Requesting doctor's signature on request form
- g) Phlebotomist's signature on form and sample
- h) Date of sample

Addressograph labels must not be used on the sample

Blood Transfusion will not accept samples which are in adequately or incorrectly labelled, clotted or underfilled

THE PRACTICE FOR THE CARE OF A PATIENT RECEIVING A BLOOD TRANSFUSION

1. BEFORE THE TRANSFUSION

- 1.1 Obtain consent
- 1.2 Check the transfusion has been prescribed by a member of the medical staff on a Blood Transfusion prescription sheet
- 1.3 Prepare the patient
- 1.4 Collect the blood, blood component or blood product

2. IDENTIFICATION PROCEDURE PRIOR TO TRANSFUSION

- 2.1 Check the identity of the patient and the unit of blood prior to transfusion
- 2.2 Keep the Blood Transfusion report form with the prescription chart during the transfusion

3. STARTING THE TRANSFUSION

- 3.1 Start the transfusion as soon as possible after collecting the blood

4. MONITORING THE PATIENT

- 4.1 Record the temperature, pulse, and respiratory rate before the transfusion and at 30 minutes and one hour after the start of each unit and at hourly intervals until the end of each unit
- 4.2 Record the observations on the Blood Transfusion observation chart
- 4.3 Observe the patient for adverse effects
- 4.4 Stop the transfusion if a reaction is suspected or if the patient's temperature rises by more than 1°C. Inform the doctor concerned and the Blood Transfusion laboratory

5. AFTER THE TRANSFUSION

- 5.1 Attach the Blood Transfusion report to the patient's notes
- 5.2 Seal the used blood bags and dispose of according to the nursing procedure

ROYAL HOSPITALS NHS TRUST

BLOOD TRANSFUSION LABORATORY

SMITHFIELD

HELPFUL INFORMATION FOR HOUSE OFFICERS

Address: 42/44 Little Britain

Telephone nos:

Laboratory

Normal working hours Ext. 8714

Outside normal working hours bleep 230

Emergency number Ext. 8220

(for emergency use only during normal working hours)

Transfusion Officer

bleep 230

Consultant

Ext. 8214

REQUESTS

ROUTINE REQUESTS

Requests for blood for elective procedures and "top up" transfusions should reach the laboratory at least one full working day in advance. Late requests join a queue and are dealt with as soon as possible, but it should be appreciated that compatible blood for some latecomers may not be available for the time requested.

URGENT REQUESTS DURING THE WORKING DAY

Contact the laboratory and inform them of the clinical condition of the patient. Send the blood sample straight to the laboratory. This will ensure that adequate testing can be carried out before the patient is transfused.

OUT OF HOURS SERVICE

A restricted service is provided; please contact as follows:

- Monday to Friday 5 pm to 9 am the MLSO on call
- Saturday 9 am to 12 am the Blood Transfusion Laboratory
- Saturday after midday and all day Sunday the MLSO on call

SURGICAL PATIENTS

Patients should wherever possible have blood samples taken for grouping and crossmatching during the week before admission for surgery. If the operation is postponed the transfusion laboratory should be notified and a fresh sample will be required if the patient is not admitted within four weeks.

Maximum surgical blood order schedule (MSBO)

This is operated for surgical patients. The MSBO has been prepared in consultation with the surgeons and anaesthetists. The aim is to reduce unnecessary crossmatching and to make more effective use of blood stocks. Surgical blood ordering depends on pre-operative grouping and antibody screening. Procedures are classified as:

- Group and screen only (G & S)
- Group and screen and crossmatch according to MSBO schedule

If there is unexpected blood loss during or after operation in a patient in the group and screen category telephone the blood transfusion laboratory giving

- The patient's hospital number
- The patient's full name

State how many units are required and the degree of urgency. Compatible blood can normally be made available in 10 minutes provided a blood group and antibody screen have already been carried out.

(See separate schedule)

BLOOD COMPONENTS AND PRODUCTS

e.g. Platelets, FFP, Cryoprecipitate and Albumin

Requests for blood products should be made to the Transfusion Officer (bleep 230) during normal working hours and to the haematology MLSO at night and weekends.

PROCEDURE

REQUESTS FOR GROUPING AND CROSSMATCHING

As with the administration of drugs, the transfusion of blood must be prescribed by medical staff who must complete and sign the requests for blood grouping and crossmatching.

Blood is reserved for only 48 hours from the date it is required. If the date of the transfusion or surgical procedure is changed please inform the transfusion laboratory.

SAMPLE COLLECTION

Positive identification of the patient is essential, based on interrogation of the patient (whenever possible), the patient's wrist band and the medical notes. Only one patient should be bled at a time and the sample tube must be labelled immediately after the blood has been added.

The minimum labelling requirements for the sample and the request form are:

- surname
- first name
- hospital number
- date of birth
- ward
- date and requesting doctor's signature on request form
- phlebotomist's signature on form and sample

Addressograph labels must not be used on the sample.

(See the **Pathology Users Handbook** and the **Code of Practice for Phlebotomists** or the summary of this on the back of this document)

A 7 ml EDTA blood sample together with the request card must be received in transfusion at least one full working day before the blood is required.

Blood Transfusion will not accept samples that are inadequately or incorrectly labelled, clotted or underfilled.

THE TRANSFUSION

Positive identification of the patient is again required before blood is transfused. It is also essential to check that the unit of blood is intended for that patient (see the **Practice for the Care of a Patient Receiving a Blood Transfusion**, that is available in every ward and operating theatre or the summary of this on the back of this document).

Any discrepancy in the identity checks of the patient, the unit of blood and the compatibility report must be reported to the Blood Transfusion laboratory and the blood must not be given.

The compatibility report must be attached to the patient's prescription chart during the transfusion and fixed in the medical notes afterwards as a permanent record of the transfusion.

DOCUMENTATION OF THE TRANSFUSION IN THE MEDICAL NOTES

The following details should be documented in the medical notes for each transfusion:

- Date of transfusion
- Type and amount of blood component/blood product used
- The clinical indication for the transfusion
- Transfusion reactions (if any) and their management
- The effectiveness of the transfusion e.g. for red cell transfusions, pre- and post-transfusion blood counts

TRANSFUSION REACTIONS

If there is a transfusion reaction, for example if the patient feels unwell or has a rise in temperature of $>1^{\circ}\text{C}$, the transfusion must be stopped immediately and the Blood Transfusion laboratory or the Haematology MLSO on call must be notified. Advice about the management of the reaction may be obtained from one of the medical staff in the Department of Haematology.

FURTHER INFORMATION

Can be obtained from the Blood Transfusion laboratory or medical staff in Haematology.

BLOOD TRANSFUSION CAN DAMAGE YOUR HEALTH

CAUTIONARY NOTE

A recent audit carried out by the Hospital Transfusion Committee revealed that existing procedures for blood transfusion were not being adhered to and in such cases the potential for error was extremely serious.

It is vital that all staff adhere to the revised procedures for blood transfusion. The procedures may be found in the **Pathology Users Handbook**, the **Code of Practice for Phlebotomists**, and the **Practice for the Care of a Patient Receiving a Blood Transfusion**.