2.2 PRE TRANSFUSION SAMPLES COLLECTION AND PATIENT IDENTIFICATION POLICY

COLLECTION OF PRE TRANSFUSION SAMPLES

CORRECT PATIENT IDENTIFICATION PROCEDURE DURING SAMPLE COLLECTION

INPATIENT IDENTIFICATION

COLLECTION OF PRE TRANSFUSION SAMPLES

The phlebotomy team will collect blood samples for elective transfusion. Requests outside the phlebotomy team ward rounds are collected by medical staff or nursing staff through CVC lines, etc. Blood specimens taken for cross matching/group and hold must have patient details handwritten on the tube. Addressograph labels are not acceptable.

Correct patient identification procedure during sample collection must be followed at all times.

CORRECT PATIENT IDENTIFICATION PROCEDURE DURING SAMPLE COLLECTION

Failure to properly identify the patient at time of sample collection or at the time of infusion is the biggest single cause of fatal transfusion reactions.

The person collecting the sample is responsible for:

- Positively identifying the patient.
- Hand labelling the sample legibly, accurately and fully at the patient's (bed) side.
- Completing and signing the collection details section of the request form. The identity of the collector must be included. Work with one patient at a time.

Positively identify the patient by:

- Checking the hospital identity band that is securely fastened to the patient
- Asking the patient (if conscious and able) to spell their surname and given names and state their date of birth. When necessary, the parent or legal guardian may undertake this responsibility.
If there is no identity band, one MUST be attached to the patient before the sample leaves the bedside. The information on the sample MUST match the request form and ID band. The person who collected the sample MUST hand label it fully, accurately and legibly immediately after venepuncture AT THE BEDSIDE. Samples must be hand labelled. Samples labelled with pre-printed patient labels are NOT acceptable and will be rejected (The use of patient ‘addressograph’ labels is a proven source of error).

**Minimum** sample labelling is as follows:
- Surname and given name(s) in full and correctly spelt.
- UMRN wherever available (or DOB if unknown).
- Date and time of collection.
- Initials of the collector.

The collector must sign the ‘Collection Details’ section of the Transfusion Request Form and enter the collection date and time. By signing this section, the collector takes full responsibility for the correct identification of the patient.

**DO NOT** use the bed label instead of the hospital ID band.
**DO NOT** pre-label the sample tube before the sample is collected.
**DO NOT** label the sample after leaving the patient.
**DO NOT** take the sample to the nursing station before labelling.
**DO NOT** give the sample to a second staff member for labelling.
**DO NOT** label the sample with a pre-printed patient label.

If the request form or blood sample identification is incomplete, incorrect or illegible, the request for blood grouping or crossmatching will be rejected.

**INPATIENT IDENTIFICATION**

Upon admission, patient information is verified and updated in TOPAS and a Patient Identity Band is attached to the patient. It is Patient Information Management Services (PIMS) policy that if core patient identification details are updated in TOPAS an updated patient ID band must be attached to the patient and new patient labels placed in the medical record.

**WARNING:** If TOPAS and the Patient ID Band are updated and there are ongoing transfusion requirements a new group and hold and/or crossmatch request must be sent to Blood Bank immediately.

**Unknown Patients with On-Going Transfusion Needs**
PIMS will admit the patient as “Unknown” under an emergency UMRN if the patient’s identity is unknown or cannot be accurately confirmed (e.g. unconscious). In these circumstances, the UMRN is the only identifier and transfusions should be restricted to emergencies only.

As soon as the patient is properly identified according to PIMS procedures:
- The new patient details must be registered in TOPAS.
- A new identity band is attached to the patient but the old identity band should NOT be removed.
- A new fully labelled crossmatch sample must be sent to Blood Bank immediately.

PIMS staff will merge the TOPAS records once a reliable link is confirmed and inform the laboratory IT manager during normal working hours or the Shift Scientist out-of-hours.

**Newborn Babies**
Newborn babies are registered in TOPAS immediately after birth and baby patient ID bands and patient labels are printed. The baby ID band (with baby UMRN) must be attached to the baby before Transfusion Medicine samples are drawn (Note: this does not apply to cord blood samples).

The sample must be hand labelled with THREE points of identification that match the baby ID band and TOPAS as follows:
- Baby UMRN
- Baby Last Name
- Baby First Name if this is registered in TOPAS (If no first name, DOB must be used)*
- Date and time of collection plus the initials of collector.

SPECIAL NOTE:
- In the case of multiple birth where babies do not have a first name, use DOB plus identify on specimen by Twin I, Triplet II, etc.
- If a newborn baby is registered with a first name during the hospital admission, when the baby details are updated in TOPAS, the new baby ID band and patient labels must be used and old labels discarded. In this case, for patients with on-going transfusion needs, a new crossmatch sample should be sent to Transfusion Medicine.
- When labelling the neonatal tube it is essential that the label is NOT wrapped around the specimen tube thus obscuring the details and the fill line on the tube. Please ensure the label is attached horizontally along the tube so the details may be easily checked by subsequent staff handling the specimen. It is necessary to be able to view the blood volume in the specimen so a visible gap along the sample is a requirement. Wrapping the label around the specimen creates an issue in the laboratory as the label then has to be ripped or removed to allow centrifugation and separation of the sample, thus compromising patient ID.

REFERENCES


