

6 PRE TRANSFUSION BEDSIDE CHECKS

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6.1 Bedside Procedure
Section 6
Transfusion Medicine Protocols
WNHS
Perth Western Australia

6.1 BEDSIDE PROCEDURE

The bedside pre-transfusion check is vital for ensuring that the right blood is given to the right patient to prevent potentially fatal errors.

Two staff members should perform the bedside check. These staff should be medical officers, registered nurses or midwives, anaesthetic technicians or other appropriately trained and authorised staff. At least one of the staff members undertaking the check must be a medical officer, registered nurse or midwife.

The person spiking/ hanging the blood product must be one of the two staff members who have undertaken the blood and patient identity check. The pack should not be spiked until the identity check of patient and blood product is complete and the time and circumstances are considered appropriate to commence the transfusion. The pack must be spiked and commenced immediately after the check has been completed. If there is a delay, the checking process must be repeated.

The two individuals carrying out the check must both sign the Blood Transfusion Record Form (MR735) confirming the patient and product check has occurred.

Check for consent and check the prescription in the medical record and verify that all requirements are met:

- Type of blood component to be given.
- Quantity to be given.
- Duration of infusion.
- Any special requirements e.g. Irradiation, CMV Negative, etc.

The patient MUST be positively identified 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.**
- **If practical, the parent or legal guardian may undertake this responsibility.**
- **Blood must NOT be infused in the absence of a hospital identity band attached to the patient.**
- **DO NOT use the bed label as ID.**

Visually inspect the component for:

- Abnormal appearance, discolouration or turbidity.
- Haemolysis.
- Clot formation.
- Damage or leakage.

Contact Blood Bank immediately if any defects are found.

For Education - An aid to visual inspection of Blood Products may be found at the following link

<http://www.redcross.org/www-files/Documents/pdf/hospitals/VisualInspectionGuide.pdf>

Transfusion shall not commence until the following have been checked and found to be correct:

- Patient's surname, given name(s), UMRN or DOB on both the compatibility label and the **patient's identification band**.
- Donation number, blood group and component type on the unit and the attached compatibility label.
- The expiry date of the unit.
- The component complies with any special requirement on the prescription e.g. Irradiated, CMV-Negative, etc.

Autologous blood has an ARCBS autologous blood label in addition to the compatibility label, which must also be checked.

If there are any discrepancies **DO NOT** transfuse the unit. Contact the Blood Bank **immediately**.

The peel off ID section of the bag/product label should be removed and placed in the patient's medical record on the Blood Transfusion Record Form (MR735)

Both staff members should have signed the relevant signature boxes and the date and time of start of infusion must also be recorded. On completion the stop time must also be completed.

SEE SECTION 7 ADMINISTRATION OF BLOOD TRANSFUSIONS

SEE SECTION 8 CARE AND MONITORING OF TRANSFUSED PATIENTS