

Date: March 15, 2012

To: South Zone – East: All Nursing Staff - Bassano Health Centre, Big Country Hospital, Bow Island Health Centre, Brooks Health Centre, Medicine Hat Regional Hospital

From: AHS Laboratory Services - Medicine Hat Regional Hospital Laboratory

Re: LBE-02-12 Changes to Transfusion Medicine Request Form

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Messages:

Effective April 2, 2012, the laboratory will discontinue the use of the Transfusion Medicine Requisition form #13563 and will replace it with the Transfusion Medicine Requisition triplicate form #101921, sample requisition attached. This form is to be used in the absence of a Meditech Transfusion Medicine Request form and requires the following information to be present before specimen collection:

- Recipient's full first and last name and assigned identifier(s)
- Type and Screen or Crossmatch (RBC)
- Type and number of units (Crossmatch)
- Date Required
- Priority
- Special product requirements
- Indication of transfusion, pregnant within the last 90 days or has a known antibody

The signature portion of the requisition will change with the Transfusion Medicine Requisition triplicate form #101921. These changes will also be incorporated into the Meditech Transfusion Medicine Request form.

- Collector identification is changed to "Blood Specimen Drawn By" rather than "Blood Taken By".
- Patient identification is changed to "Patient Identified/Specimen Labeling Checked By" rather than "Patient Identified By". This involves a procedural change wherein the person identifying the patient must also verify the labeling of the blood specimen. Process flow map attached.
- The date and time remains a requirement of the patient identification and specimen collection process.

Note: Requests for Blood Type only do not require a Transfusion Medicine Requisition.

Why this is important:

This procedural change wherein the person identifying the patient must also verify the labeling of the blood specimen aligns the collection process with the practice of South Zone.

Action Required:

- When asked to identify a patient prior to the collection of a type and screen and/or crossmatch specimen, please remain available for verification of specimen labelling post-collection.
- If the patient is responsible for their own identification, ensure that the patient verifies the label information on the blood specimen.

For additional questions contact:

Jacque Hess, Supervisor, Hematology/Transfusion Medicine by phone at 403-502-8648 (ext 1232) or by e-mail at Jacque.Hess@albertahealthservices.ca

This bulletin has been reviewed and approved by:

Dr. Michael O'Connor, Zone Clinical Department Head (Co-Lead) Laboratory - South Zone

TRANSFUSION MEDICINE REQUEST FORM (INCLUDES TYPE & SCREEN)

TRANSFUSION MEDICINE I.D. NO.



E16250

		SITE FOR TRANSFUSION:		DATE REQUESTED			
DIAGNOSIS/REASON FOR TRANSFUSION		WHEN REQUIRED		LAST NAME		FIRST	
		DATE: <u>DD/MM/YY</u>		D.O.B. (DD/MM/YY)			
		TIME: _____ (HRS)		LOCATION		PHYSICIAN	
# UNITS	ORDER	PRIORITY		UNIT NUMBER / PHN			
	<input type="checkbox"/> RED CELLS	<input type="checkbox"/> STAT <input type="checkbox"/> URGENT <input type="checkbox"/> ROUTINE <input type="checkbox"/> PRE-OP SURGERY DATE: _____		BLOOD SPECIMEN DRAWN BY:		TIME	DATE
	<input type="checkbox"/> TYPE & SCREEN (T/S)	Special Requirement:		PATIENT IDENTIFIED / SPECIMEN LABELING CHECKED BY:		TIME	DATE
	<input type="checkbox"/> PLATELETS <small>(order by dose)</small>	<input type="checkbox"/> CMV neg <input type="checkbox"/> IRRADIATED <input type="checkbox"/> OTHER: _____		<input type="checkbox"/> PATIENT			
	<input type="checkbox"/> FROZEN PLASMA						
	<input type="checkbox"/> OTHER PRODUCT: _____ VOL: _____						
PREVIOUS TRANSFUSIONS	DATE/PLACE OF LAST TRANSFUSION	PREV. TRANS. REACTIONS?	PREVIOUS PREGNANCIES?	ANY KNOWN ANTIBODIES?			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN LAST 3 MONTHS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			

THE FOLLOWING SECTIONS ARE FOR LABORATORY USE ONLY

Anti - A	Anti - B	A1	B	Anti - D	Rh Control	SC 1	SC 2	SC 3	
PATIENT BLOOD TYPE: Rh: _____						ANTIBODY SCREEN Results and Comments		SIGNATURE TECHNOLOGIST	DATE:
THE FOLLOWING: _____ UNITS ARE AVAILABLE FOR THE ABOVE PATIENT UNTIL: _____ HRS. ON: <u>DD/MM/YY</u>						2 ÉPREUVE / PROOF NO. <u>S-2026124</u>			
UNIT #			DATE/TIME OF ISSUE			UNIT #		DATE/TIME OF ISSUE	
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TRANSFUSION MEDICINE REQUEST FORM (INCLUDES TYPE & SCREEN)

TRANSFUSION MEDICINE I.D. NO.



E16250

		SITE FOR TRANSFUSION:					
DIAGNOSIS/REASON FOR TRANSFUSION		WHEN REQUIRED		DATE REQUESTED			
		DATE: <u>DD/MM/YY</u>		LAST NAME		FIRST	
		TIME: _____ (HRS)		D.O.B. (DD/MM/YY)			
# UNITS	ORDER	PRIORITY		LOCATION		PHYSICIAN	
	<input type="checkbox"/> RED CELLS	<input type="checkbox"/> STAT		UNIT NUMBER / PHN			
	<input type="checkbox"/> TYPE & SCREEN (T/S)	<input type="checkbox"/> URGENT		BLOOD SPECIMEN DRAWN BY:			
	<input type="checkbox"/> PLATELETS <small>(order by dose)</small>	<input type="checkbox"/> ROUTINE		TIME		DATE	
	<input type="checkbox"/> FROZEN PLASMA	<input type="checkbox"/> PRE-OP		PATIENT IDENTIFIED/SPECIMEN LABELING CHECKED BY:			
	<input type="checkbox"/> OTHER	SURGERY DATE: _____		TIME		DATE	
PREVIOUS TRANSFUSIONS		DATE/PLACE OF LAST TRANSFUSION		PREV. TRANS. REACTIONS?		PREVIOUS PREGNANCIES?	
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN LAST 3 MONTHS			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			

THE FOLLOWING SECTIONS ARE FOR LABORATORY USE ONLY

Anti - A	Anti - B	A1	B	Anti - D	Rh Control	SC 1	SC 2	SC 3	
PATIENT BLOOD TYPE: Rh: _____						ANTIBODY SCREEN Results and Comments		SIGNATURE TECHNOLOGIST	DATE:
THE FOLLOWING: _____ UNITS ARE AVAILABLE FOR THE ABOVE PATIENT UNTIL: _____ HRS. ON: <u>DD/MM/YY</u>									
UNIT #			DATE/TIME OF ISSUE			UNIT #		DATE/TIME OF ISSUE	
						IMPRIMÉ / PRINTED Noir / Black Rouge #032 Red			


COLLECTION INSTRUCTIONS

1. Complete the TRANSFUSION MEDICINE REQUEST FORM.
2. Identify the patient. If the patient is unable to identify themselves, a friend/family member may identify them.
3. Complete the SPECIMEN TUBE LABELS. Use a Meditech Barcode label or handwrite.
(Important: Date and Time of collection on specimen label must match Date and Time of collection on requisition)
4. Record today's date in the bracelet insert on the bottom of the TRANSFUSION MEDICINE REQUEST FORM.
5. Remove the bracelet insert from the card, insert into green band and attach to the patient.
6. Draw EDTA blood specimen(s)
7. Place the SPECIMEN TUBE LABELS on the blood specimens.
8. Sign and date BLOOD SPECIMEN DRAWN BY: on the request form.
9. Hand specimen(s) to person acting as patient identifier to verify tube labeling. This person must sign the PATIENT IDENTIFIED/SPECIMEN LABELING CHECKED BY: on the request form.

NOTE: Errors in the collection procedure will result in specimen recollection.

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SPECIMEN TUBE LABELS

PATIENT NAME: _____ LAST _____ FIRST _____ DATE OF BIRTH: <u>DD</u> / <u>MM</u> / <u>YY</u> HOSP. UNIT #, ACCT# or PHN#: _____ TECH.: _____ DATE OF COLLECTION: <u>DD/MM/YY</u> TIME: _____	
 E16250	
PATIENT NAME: _____ LAST _____ FIRST _____ DATE OF BIRTH: <u>DD</u> / <u>MM</u> / <u>YY</u> HOSP. UNIT #, ACCT# or PHN#: _____ TECH.: _____ DATE OF COLLECTION: <u>DD/MM/YY</u> TIME: _____	
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101921 (12/2011)

TRANSFUSION MEDICINE ID BAND INSERT

E16250

DATE OF COLLECTION: DD / MM / YY



* USE FINE POINT PERMANENT MARKER *
 1. DO NOT REMOVE BACKING. 2. PUSH IT DEEPLY INTO THE GREEN ARMBAND. 3. SNAP OFF STUB AT GREY LINE AND TAP DOWN TO CLIP.

VERSÒ / BACK
Partie 3 / Part 3

SAMPLE

Patient Identification and Collection of Transfusion Medicine Specimens

Assemble supplies:

- Meditech TM Request Form or Yellow/White TM Request Form (#101921)
- Meditech labels (optional)
- Blood Bank Identification Number (BBIN)
- Green arm band
- 7mL EDTA blood collection tube(s)
- Blood collection supplies

Review Transfusion Medicine Requisition:

- Recipient's name and assigned identifier(s)
- Type and Screen or Crossmatch(RBC)
- Type and number of units (crossmatch)
- Date required
- Priority
- Special product requirements
- Transfused or pregnant in the last 90 days or has an antibody. If yes to any, sample must be drawn within 96 hours of surgery/transfusion.

Inpatient Identification:

1. Physician or RN/LPN checks the recipient's hospital identification band and compare against the information on the TM request form
2. Physician or RN/LPN signs the "Patient Identified by/Specimen Labeling Checked By:" portion of the TM requisition

Outpatient Identification:

1. The collector must check the recipient's identification and compare against the information on the TM request form by asking the patient
2. Recipient signs the "Patient Identified by/Specimen Labeling Checked By:" area

Armband Patient:

1. Remove the arm band label, write on today's date (dd/mm/yy) and insert into the arm band. Tear off the stub at the dotted line.
2. Attach the recipient arm band to the patient's wrist.
3. Explain to the patient that this arm band must remain on for identification purposes until otherwise instructed by their physician or nurse responsible for their care. Removal of the arm band will result in recollection of the specimen and possible delay of procedure.

Collect Blood Samples:

1. Label tube(s) with patient's first and last name and assigned identifier (written or affix label), date and time of collection, and collector initials or Meditech ID.
2. Affix BBIN label to each blood sample
3. Affix BBIN label to Meditech TM Requisition, if applicable
4. Hand tube(s) to identifier to verify patient information

Collector Identification:

1. Sign and date TM Requisition at "Blood Specimen Taken By:"
- Note: Collector and identifier signatures must not be the same

At Specimen Receipt:

1. Affix patient Meditech label to back copy of form #101921, if applicable
2. Ensure BBIN is input into Meditech.