

Blood Bank (Transfusion Services)

Specimen Labeling Policy

Purpose:

Establishes minimum acceptable patient identification and specimen labeling requirements for collection and labeling of a Blood Bank specimen.

Tube Type:

Pink EDTA, preferred. A plain red top tube is acceptable

Volume:

Minimum 5 ml's

Blood Bank ID Wristbands:

The use of a separate identification wristband (Typenex or Securline brand) provides a third unique identifier whenever patients are drawn for potential transfusion. This additional identifier allows a positive link between the patient, the sample that was drawn, the cross-matched units, and the associated paperwork.

Procedure:

A. Patient Identification and Specimen Labeling

1. Specimen labeling must be done at the time the sample is collected in the presence of the patient.
2. A minimum of two unique forms of patient identification are required.
 - a. First and last name
 - b. Medical Record number (in-patients) and/or Date of Birth (out-patients)
3. The patient must be asked to verbally verify their name and date of birth. When not possible a family member or care-giver should be asked to assist with positive patient identification.
4. Only samples that are complete, accurately and legibly labeled will be accepted.

B. Use of Typenex/Securline Blood Bank Identification Wristband

1. Blood Bank ID wristbands will be used when Blood Banks samples drawn for:
 - a. Hold Clot orders – any patient
 - b. In-patient drawn for:
 1. ABO and Rh Type
 2. Antibody Screen
 3. Blood Bank Red Blood Cells
 4. Blood Bank Plasma
 5. Blood Bank Platelets
 6. Blood Bank Cryoprecipitate
 7. RhoGAM
 - c. Out-patients drawn for
 1. potential blood product use within 3 days of sample collection. This may include, but not be limited to, scheduled surgery within 3 days of specimen being drawn.
 - ABO and Rh Type – when needed for blood product preparation
 - Antibody Screen – when needed for blood product preparation
 - Blood Bank Red Blood Cells
 - Blood Bank Plasma
 - Blood Bank Platelets
 - Blood Bank Cryoprecipitate
 2. RhoGAM
 - d. Foley Cancer Center patients
 - e. Emergency Department patients
 - f. Any out-patient with anticipated Blood product use within 3 days of sample collection
2. Identify patient using previously described process
3. Verify that the name, date of birth, and medical record listed on the Blood Bank request matches the patient
4. Using a black/blue permanent ink pen write the following on the white label portion of the Typenex/Securline Blood Bank identification wristband:
 - a. patient's full name – complete, legible, and correctly spelled
 - b. date of birth
 - c. medical record, if a registered RRMC patient
 - d. date and time of collection

- e. identification of the person collecting the sample
5. Remove the white label and place it vertically on the Blood Bank sample that was collected.
6. Place the remainder of the wristband on the patient's wrist and tear off the excess portion known as the 'tail'.
7. Ask the patient not to remove the wristband for 3 days.
8. Deliver the Blood Bank sample, the 'tail' from the ID bracelet and the Blood Bank request to the laboratory.

C. Procedure Notes:

1. Label additions and alterations:
 - a. If date/time or phlebotomist identification is missing or incorrect on the label, they may be added/corrected after the specimen is received in the Blood Bank.
 - b. This must be done by the phlebotomist that originally drew the specimen.
2. Label alterations:
 - a. It is unacceptable for anyone to correct the 2 required "unique identifiers." If the identity of the patient is in doubt for whatever reason, a new tube with a new accession number and new Typenex/Securline band will be needed.
3. Integrity of specimen:
 - a. A non-hemolyzed, correctly labeled specimen of adequate quantity is needed for testing

Red Cross Blood Components

1. The Vermont-New Hampshire Red Cross Blood Center supplies blood donated by volunteers. Each donor specimen has been tested and found nonreactive for:
 - a. Hepatitis.
 - b. HIV/AIDS.
 - c. Human T-Cell Lymphotropic Virus (HTLV).
 - d. West Nile Virus.
 - e. Multiplex NAT
 - f. Syphilis.
 - g. Bacterial contamination (platelets).
 - h. Unexpected red cell antibodies.
2. Additional information can be found in the current *Informed Consent for Administration of Blood Products* located in Blood Bank.

Blood Components

Component: Red Blood Cells, also known as RBC's or packed red blood cells

Major Indications: Symptomatic anemia; decreased red cell mass.

Action: Restoration of blood volume and oxygen carrying capacity.

Not Indicated: Pharmacologically-treatable anemia (iron, folate, cobalamin deficiency) or coagulation deficiency.

Precautions: Must be cross-matched and be ABO compatible with recipient.

Hazards: Infectious disease transmission, allergic reactions, or febrile reactions.

Rate of Infusion: Within 4 hours from being dispensed from the Blood Bank, for massive loss, as fast as patient can tolerate

- Adults 150 mL/hour to 300 mL/hour.
- Pediatric 2 ml/kg/hour to 5 mL/kg/hour.

Component: Plasma, Frozen, also known as FFP

Major Indications: Active bleeding or risk of bleeding due to deficiency of plasma coagulation factors.

Preparation: A frozen product which must be thawed prior to transfusion requiring an additional 30-45 minutes.

Action: Source of labile and nonlabile coagulation factors II, VII, IX, X with reduced levels of factors V and VIII

Not Indicated: Condition responsive to specific concentrate (factor VIII, IX deficiencies).

Precautions: Must be ABO compatible with the patient's red cells.

Hazards: Infectious disease transmission, allergic reactions, febrile reactions, or circulatory overload.

Rate of Infusion: Less than 4 hours, can be infused at a rate of 10 mL per minute; 200 mL/hour to 300 mL/hour, depending on patient's tolerance.

Component: Cryoprecipitated Anti-Hemophilic Factor (AHF), also known as Cryo

Major Indications: Bleeding associated fibrinogen deficiency Hemophilia A.; von Willebrand's disease; or hypofibrinogenemia

Preparation: A frozen product which must be thawed prior to transfusion requiring an additional 30-45 minutes.

Action: Provides factor VIII, XIII, fibrinogen.

Not Indicated: Undefined coagulation defect.

Precautions: Rapid infusion and frequent doses may be necessary.

Hazards: Infectious disease transmission.

Rate of Infusion: Approximately 10 mL per minute.

Component: Platelets, also known as apheresis platelets, single-donor platelets, or SDP

Major Indications: Bleeding from thrombocytopenia or platelet function abnormality.

Action: Used to treat bleeding due to critically decreased circulating platelet counts or functionally abnormal platelets.

Not Indicated: Plasma coagulation deficits or conditions with rapid platelet destruction.

Precautions: Do not use microaggregate filters.

Hazards: Infectious disease transmission, allergic reactions, febrile reactions, or alloimmunization leading to refractor state.

Rate of Infusion: Within 4 hours, 200 mL/hour to 300 mL/hour.

Component: Rho(D) Immune Globulin, RhoGAM®.

Major Indications: Exposure to Rho(D)-positive cells in Rho(D)-negative individual during pregnancy or transfusion

Action: Each vial prevents formation of anti-Rho(D) following exposure to <30 mL of whole blood/vial. Additional use would be to prevent anti-D formation in Rh-negative individuals who may have been exposed to Rh-positive RBCs through delivery or by receiving Rh-positive blood products.

Precautions: Must be injected within 72 hours of exposure.

Hazards: Mild reaction at site of injection, mild febrile reaction, or rare systemic reaction.

Rate of Infusion: One intramuscular injection.

Component: Rho(D) Immune Globulin, MicRhoGAM®

Major Indications: Exposure to Rho(D)-positive cells in Rho(D)-negative individuals or pregnancies ending before 12-week gestation.

Action: Prevents formation of anti-Rho(D) with exposure up to 5 mL of whole blood/vial.

Precautions: Best injected within 3 hours of exposure, but may be given up to 72 hours.

Hazards: Mild reaction at site of injection, mild febrile reaction, or rare systemic reaction.

Rate of Infusion: One intramuscular injection.

Autologous Blood

To schedule an autologous collection, call the American Red Cross at 1-800-634-9069.