Document History:

Title: **Issuing of Blood and Blood Components/Return Within a Facility of Previously Issued Blood and Blood Components** **Site(s): DSM**

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Signature:

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#	Details of Revisions:	Approval:	Date:
1	New document	A Kabani	31-MAR-2011
2	• Revised		
3	• 4.1 and 4.2 added note for Trace Line sites to refer to Trace Line procedures	C Musuka	05-NOV-2012
4	4.2 Note: Trace Line procedure title change	C Musuka	10-DEC-2013
5	4.1.2 Revision of note to identify 1 litre of plasma	C Musuka	09-DEC-2015
6	4.0 Realignment and expansion of steps in the procedure.	C Musuka	02-MAR-2017

Issuing Blood and Blood Components/ Return within a facility of previously issued Blood and Blood Components

1.0 Principle

See INV Procedure- Issuing of blood, blood components and plasma protein products (derivatives)
Handling returned issued product within a facility

2.0 Scope and Related Policies

See INV Procedure- Issuing of blood, blood components and plasma protein products (derivatives)
Handling returned issued product within a facility

3.0 Materials

See INV Procedure- Issuing of blood, blood components and plasma protein products (derivatives)
Handling returned issued product within a Facility

4.0 Procedure

4.1 Procedure for Issuing Blood and Blood Components

Note: *For Trace Line sites refer to Trace Line procedure- issuing of blood and blood components in Trace Line to patients: within a facility/ to an external facility*

4.1.1 Blood and blood components can only be issued immediately prior to the patient being transfused in order to maintain proper storage.

4.1.2 When blood or blood components are required for transfusion the following information on applicable facility patient request/patient information form must be brought to the blood bank/BTS:

- Patient's last and first name
- Patient's PHIN/PHN or unique identifier
- Type of blood, blood components required
- Number of units required for blood, dose required for platelets, volume required for plasma.

Note*: Issue only one unit of blood or 1 litre of plasma at a time unless the ward has a controlled blood bank refrigerator for storage.*

- ***An exception to this would be if two or more units were being transfused at the same time through different lines (e.g. severe trauma patient)***

4.1.3 Retrieve the BTS/CBS patient report or product packing slip (if applicable).

4.1.4 **For blood**: prior to retrieving the unit(s) ensure the "crossmatch expiry" on the BTS/ CBS Patient Report or the appropriate blood bank log is **in-date**.

4.0 Procedure Cont'd

4.1.5 Retrieve the requested unit(s) of blood or blood components from the appropriate controlled storage area. Refer to the following procedures and procedural notes for additional information regarding issuing.

- Procedural note 6.1: Issuing autologous/directed donor units
- Procedural note 6.2: Issuing blood and blood components for transport with a patient
- Procedural note 6.3: Issuing a divided or aliquoted unit
- MP Procedures- Emergency Issue of Donor Red Cell Units-Non-Trace Line/Non-Crossmatch Facilities

4.1.6 Perform a visual inspection of each product. Refer to INV Procedure- Visual Inspection of Blood, Blood Components and Derivatives.

***Note**: If the blood, blood component or derivative does not pass visual inspection, it must not be issued.*

4.1.7 Verify the following information on the compatibility tag attached to the unit, the Record of Transfusion (ROT) and documentation in the blood bank log match:

- Patient's last and first name, letter by letter
- Patient's PHIN/PHN or unique identifier, character by character
- Patient's ABO/Rh type
- Donation number
- Blood or blood component ABO/Rh type
- Compatibility status
- Verification of special transfusion/infusion requirements

***Note:** It is always preferable to have two individuals checking and issuing blood, blood components from the blood bank.*

4.1.8 Verify the following information on the Request to Release and Record of Transfusion match:

- Patients last and first name, letter by letter
- Patients PHN or unique identifier, character by character

4.1.9 Ensure that all discrepancies detected in step 4.1.4 to 4.1.7 are resolved by the facility blood bank or BTS before the blood, blood component(s) are issued.

4.0 Procedure Cont'd

4.1.10 Document the following information in the appropriate blood bank log, if applicable:

a) Patient **information:**
- Patient's last and first name
- PHIN/PHN or unique identifier
- ABO/Rh

b) Blood **or blood component information:**
- Blood or blood component type
- Donation number
- ABO/Rh
- Crossmatch outdate, if applicable

c) **Issuing information:**
- Date and time
- Visual inspection
- **Full** last name of the issuer (print or legibly sign). For use of initials, refer to procedural note 6.4
- **Full** last name of the transporter (print or legibly sign) if applicable.
- Patient location

4.1.10.1 On the back of the Record of Transfusion (ROT); complete section A on the **PRODUCT REISSUE RECORD**
- Record lab staff initials, date, time of issue (use lab clock)
- Remove the bottom portion of the ROT and place in appropriate location in blood bank

4.1.11 Issue the blood or blood component to the transporter along with the BTS/CBS patient report if applicable and the ROT (if applicable).

4.1.11.1 Provide the transporter with request form and with the transporter verify the following
- Patient's last and first name
- PHIN/PHN or unique identifier
- Product being issued matches request
- Patient Location

4.1.11.2 Complete the following on the request form
- Blood bank/lab staff to sign/initial beside: Issued by
- Transporter to sign/initial beside: Transporter
- Time stamp/complete beside: Date and Time

4.1.11.3 Place blood or blood component in plastic bag and issue to transporter

4.1.12 If the blood or blood component(s) are being shipped to another facility then package for transport. Refer to INV procedure inter-facility shipping for blood, blood components or derivatives.

4.1.13 File the blood bank copy of all appropriate forms.

4.0 Procedure Cont'd

4.2 Procedure for Returning Blood or Blood Components to Inventory

Note: *For Trace Line sites refer to Trace Line procedure- handling in Trace Line: returned previously issued within facility blood, blood components and derivatives*

4.2.1 Document date and time of return and initial of person performing the return procedure in the appropriate blood bank log and on the back of Record or Transfusion (ROT); complete section H on Product Reissue Record

4.2.2 Visually inspect the blood or blood component and ensure
- The blood or blood component has not been out controlled storage for longer than 30 minutes
- The ports have not been disturbed
- For blood; the unit is cool to the touch and at least one segment remains attached to the unit

Note: *If blood or blood component is irreplacable has been out of controlled storage for longer than 30 minutes and returned within 60 minutes; consult or TM Doctor on call to determine final disposition (some exceptions may be allowe*d)

4.2.3 Return the blood or blood component to appropriate controlled storage if above conditions are met.

4.2.4 Discard the blood or blood component if the above conditions are not met.
- Document final disposition as discarded in the appropriate blood bank log
- Must document reason for discard in blood bank log and on the ROT
- Refer to INV procedure- documenting final disposition of discarded blood, blood components and derivatives

5.0 Reporting

5.1 Ensure all required information is completed on request/patient information form

5.2 Ensure appropriate blood bank log is completed with all required documentation

6.0 Procedural Notes

6.1 Issuing autologous/directed donor units
- Autologous/directed units must be issued prior to homologous units

6.2 Issuing blood and blood components for transport with a patient.
- Refer to INV procedure Inter-facility shipping of blood, blood components or derivatives
- Record name of facility being transferred to in appropriate blood bank log

6.3 Issuing a divided or aliquoted unit. (For neonatal protocol, refer to INV procedure-tagging divided red cell units for neonatal protocol)
- Refer to facility policies and procedures

6.4 Initials of the individuals who issue blood, blood components or derivatives may only be used if an Initial log of all employees who issue or transport blood, blood components or derivatives is maintained and updated regularly.