Guideline 3

Patient Identification for Blood, Blood Component, and/or Blood Product Administration

3.1 Purpose

To provide best practice guidelines for nurses that align with the standards set forth by the American Association of Blood Banks (AABB), Accreditation Canada (AC), Transfusion Services, Canadian Standards Association (CSA) and the Canadian Society of Transfusion Medicine (CTSM) for safe patient monitoring during transfusion of blood, blood products, and blood components.

Transfusion of blood, blood products, and blood components involves a multi-step process with various opportunities to detect potential errors. Proper identification of a recipient is essential to identify potential errors and avoid a possible fatal transfusion.

3.2 Policy

A policy with adequate processes and procedures shall be established to ensure continuous and unequivocal identification of any recipient intended to receive any blood, blood products, and/or blood components.

A policy must also be established for the unequivocal identification of any outpatient recipients of any blood, blood products, and/or blood components.

In addition, policies shall be established for any instances where a patient's identity and/or unique identifier are not available.

3.3 Documentation

Documentation shall be completed on the Cumulative Blood Product Record (CBPR) when administering blood, blood products, and/or blood components. When necessary, any extra documentation shall be completed as an Integrated Progress Note (IPN).

Documentation on the CBPR should include:

- Recipients first name, last name, and unique identification number
- Donor ABO and RhD group
- Unit/lot number of blood, blood component, or blood product
- Type of blood, blood component, or blood product
- Date and time the transfusion is started and completed
- Identity of transfusionist and authorized provider assisting with checks
- Transfusion reaction(s)

3.4 Materials

- Patient armband
- CBPR
- Patient Transfusion Medicine Results Report (TMRR)
- Transfusion order
- Transfusion label/tag attached to blood, blood component, and/or blood product
- Canadian Blood Services (CBS) label

3.5 Quality Control

A facility-based quality improvement system or process should be in place to monitor compliance with patient identification for administration of blood, blood products, and/or blood components through random patient and health care record audits and/or other quality improvement mechanisms. Health Care Facilities/Service Delivery Organizations should implement a quality improvement system facilitated through the Transfusion Practice Committee (TPC) to monitor compliance.

3.6 Procedure

Action	Key Points
<u>Review:</u> • Records for informed consent • Physician's order for blood, blood component, and/or blood product • TMRR	

Ensure an identification band is prepared and attached to the correct patient prior to the administration of any blood, blood components, and/or blood product.
 	
<u>Two authorized professionals:</u>
• Confirm the physician's order and repeat once the product arrives.
• Compare the TMRR to:
  ○ component bag
  ○ issue tag
  ○ Record of Transfusion (RoT)
 	
Verification checks include the patient's:
• First and last name (letter by letter)
• Unique identifier (number by number)
• ABO group of recipient
• ABO of blood, blood product, and/or blood component, if applicable
	Two authorized health professionals must perform a verification check upon receipt of the product, and just prior to administration of any blood, blood products, and/or blood components.
	
	All identifying information linking the patient to the blood, blood component, or blood product must be identical.
	
	Ensure the patient's ABO/Rh is compatible with the donor group to prevent any potentially fatal reactions.

• Donor unit number or pooled unit number of the blood, blood product, and/or blood component • Type of blood, blood product, and/or blood component • Product expiry date Once initial checks are complete, a second check occurs at the patient's bedside. <u>At the bedside, in the presence of the patient, confirm:</u> • First and last name (letter by letter) • PHIN or another unique identifier (number by number) • Transfusion label/tag *Ensure all information is correct and there are no discrepancies* Once checks have been completed and all information is correct, proceed with administration as outlined in Guideline 8. The transfusionist shall confirm and document that all identifying information linking the recipient to the blood, blood component, or blood product matches. **In the case of a discrepancy, do not transfuse**	**The pre-transfusion checks at the patient's bedside utilizing the patient's armband is the final opportunity to detect errors before administration.** • **When possible, ask the patient to state their full name and date of birth.** • **For patients unable to identify themselves (pediatric, unconscious, confused, language barrier) seek verification of identification from a caregiver or family member.** **The two authorized professionals that completed the checks, must initial or co-sign the CBPR.** **If any discrepancies are found, the transfusion shall not be administered until the discrepancy is resolved. Contact the Blood Bank immediately.**

IMPORTANT: NO BAND = NO BLOOD

3.7 Notes/Special Considerations

If the patient's clinical condition prevents the physical placement of a patient identification band, positive patient identification from their primary caregiver is required.

Pre and postnatal testing (Form Rh101) identification and verification should include:

- Patient's first and last name
- PHIN or unique identifier

Cord blood specimens shall be labeled with the mother's:

- First and last name
- PHIN or unique identifier

Authorized providers include:

- Registered Nurse (Including Registered Nurses Extended Practice), Licensed Practical Nurses, Physicians, Clinical Assistants, and Medical Residents.
- Graduate Nurses (GN): Are authorized to perform the two-provider verification along with an authorized provider as listed above.
- Student Nurses: Not authorized to complete the two-provider verification as an authorized provider, however, can observe whenever possible.
- Undergraduate Nurse Employee (UNE): Not authorized to complete the two-person verification as authorized provider however, can observe whenever possible.