Guideline 4

Receipt of Blood, Blood Components, and/or Blood Products

4.1 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 the receipt of blood, blood products, and/or blood components.

Standards indicate that:

- Blood, blood products, and/or blood components must be visually inspected and documented. If abnormalities are present, this should be documented in the health record.
- When any abnormality is detected in the blood, blood product, and/or blood component, the product shall be quarantined until an appropriate disposition is determined.

4.2 Policy

Inspection of blood, blood products, and/or blood components, shall occur upon receipt from the Blood Bank, when receiving from a different facility, and/or in the event of suspected transfusion reaction. This includes:

- Visual inspection of the product
- Confirmation of expiry dates
- Product identifiers on the label

When returning products that fail visual inspection, contact the Blood Bank. See Appendix 6.

4.3 Documentation

- Any abnormalities in the blood, blood product, and/or blood component, shall be documented in the patient's health record.
- Two-person verification is documented by each authorized provider by writing their initials on the Cumulative Blood Product Record (CBPR).

4.4 Materials

- Blood bag
- Blood tag
- Record of Transfusion (RoT)
- Transfusion Medicine Report Record (TMRR)

4.5 Quality Control

A facility-based quality improvement system or process should be in place to monitor compliance to the receipt 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 to monitor compliance.

All Health Care Facilities/Service Delivery Organizations in Manitoba should implement a quality improvement system to monitor compliance with the policies for the receipt of blood, blood products, and blood components. This should include: occurrences regarding blood products damaged in transport, failed visual inspection, or any products returned to Blood Bank if not transfused.

4.6 Procedure

Action	Key Points
Procedure: Upon the receipt of blood, blood products, and/or blood components: Visually Inspect the product. • Note any damage to the bag or container • Ensure segments and ports are intact • Note any clots or black areas present • Ensure patient identifiers, product identifiers, and labels are properly attached • Check expiry date of the blood, blood product, and/or blood components	**Failed Inspection:** **If the blood, blood product, and/or blood component fails visual inspection, contact the Blood Bank for further instructions on returning the product.** • **Notify the physician if there is a delay in transfusion due to failed visual inspection.** **Refer to Appendix 6 Visual Inspection guide or visit** Visual Inspection Tool | CBS for more details.

Complete the two authorized health care provider checks upon arrival of the blood, blood product, and/or blood component.
• One nurse completes the first check on the TMRR to the patient demographic sheet.
• Read aloud:
  ○ First and last name (letter by letter)
  ○ PHIN or unique identifier (number by number)
  ○ Blood group-ABO/Rh
  ○ Donation Number (letter by letter)
	• **Confirm that the patient's first and last names, PHIN, or other unique identifier on the transfusion label/tag of the product are identical to the patient information on the TMRR, and the RoT.**
	
	• **Ensure information is correct on the RoT, TMRR, and blood tag.**

Both authorized care providers now go to the patient's bedside for the final set of checks. One nurse reads aloud letter by letter and if possible have the patient verbalize the following information: a. First and last name b. PHIN or unique identifier c. Patient birthdate (optional but encouraged)	**Inpatients: Compare the blood tag to the patient's armband.** **Outpatients: Compare the blood tag to the patient's identification (example: Manitoba Health Card or Military Card).**

4.7 Notes/Special Considerations

All blood, blood components, and/or blood products shall be delivered to patient care areas by personnel trained in the transportation of blood.

Note:

- If the expiry date is day/month/year, the product expires at midnight on that day.
  - Note: as long as the blood, blood component, and/or blood product is issued out of the Blood Bank before the expiry date/time it can be transfused regardless of the time it expires.
- If the expiry date is month/year, the product expires at midnight on the last day of the month.