Guideline 6

# Required Health Record Documentation of Blood, Blood Component, and Blood Product

## 6.1 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 for Transfusion Medicine (CSTM) for health record documentation of blood, blood components, and blood products.

The standards state that an order from a physician/authorized practitioner is required for the administration of all blood, blood components, and/or blood products. The decision to use blood, blood components, and/or blood products should permit optimal patient care while fostering prudent clinical use of the allogeneic blood supply.

The responsibility of the transfusionist shall include confirmation that the physician's/authorized practitioner's order accurately identifies:

- recipient's first and last name
- recipient's unique identification number
- recipient's location
- required blood, blood component, or blood product and volume/dosage
- date and time of request
- date and time of intended transfusion if available
- special requirements

Clinical indications should also be included.

Verbal requests shall be documented.

## 6.2 Policy

Policy for Health Record Documentation of Blood Components and Blood Products.

- Health Care Facilities/Service Delivery Organizations in Manitoba must have policies in place to ensure appropriate documentation of blood product administration.

### 6.3 Documentation

**The patient health record shall include***:*

- Documentation of consent
  - Consent, refusal of consent, or restriction, to receive blood, blood products, and/or blood components shall be documented in the patient's health record. The form(s) shall include the signatures of the patient or substitute decision maker and the treating physician/authorized health practitioner (see Guideline 1).
- Transfusion order
  - an order to transfuse MUST be documented in the patient's health record.

**The Cumulative Blood Product Record (CBPR) shall include:**

- Consent (√ if yes)
- Name of component/product, donation number/lot number/sequence number
- Date and time of administration
- Pre, intra, and post transfusion vital signs
- Volume transfused
- Initials of transfusionist and of second person verifying product prior to administration
- Suspected transfusion reaction (√ if yes)

Important (CBPR) is a *mandatory* regional health form for facility staff to complete when blood, blood components, and/or blood products are being transfused in an inpatient or an outpatient setting. This form *must* become part of the permanent patient health record and retained in the facility.

Refer to Appendix 7 for an example of a completed CBPR

**The Integrated Progress Note (IPN) shall include:**

- Specific details regarding:
  - The consent process
  - Education provided to patient and/or family
- Any signs and symptoms of adverse reaction and action taken

**Record of Transfusion**

- Date and time of the start of the transfusion must be documented and returned to Blood Bank after the first 15 minutes of the transfusion is complete.
  - Rationale: In the event of a transfusion reaction, this allows the same donor units to be tracked and quarantined until the reaction can be investigated.

Refer to Appendix 8 for an example of a Record of Transfusion

### 6.4 Quality Control

A facility-based quality improvement system or process should be in place to monitor appropriate processing of treatment orders, patient identification with proper product, proper consent process, and appropriate utilization of blood, blood components, and blood products.