

---

<b>Title:</b>	<b>PATIENT IDENTIFICATION FOR BLOOD PRODUCT TRANSFUSION</b>		
<b>Type:</b>	<b>Blood</b>	<b>Approval Date:</b>	<b>December 2007</b>
<b>Section:</b>	<b>Clinical</b>	<b>Expiry Date:</b>	<b>December 2010</b>
<b>Lead Author</b>	<b>Linley Bielby</b>	<b>Document ID:</b>	<b>34.1</b>
<b>Position:</b>	<b>Transfusion Nurse</b>	<b>Version No.:</b>	<b>2</b>
<b>Contact Person:</b>	<b>Prof. John Zalcborg</b>	<b>Division/Dept:</b>	<b>DHMO</b>
<b>Position:</b>	<b>Director of Haematology &amp; Medical Oncology</b>	<b>Approved By:</b>	<b>Transfusion Committee</b>

---

## PURPOSE

The policy is designed to prevent adverse events during the administration of blood and blood components by setting guidelines for identifying the patient during sample collection, requesting and product administration. To provide adequate confirmation of patient identification details prior to:

- Applying an identification band
- Venepuncture for a blood sample required for ABO blood grouping
- Blood product administration

## TARGET AUDIENCE

All PeterMac staff involved with applying an identification band, venepuncture for a blood sample required for ABO blood grouping and blood product administration

## POLICY STATEMENT

**It is essential to positively identify the patient prior to all patient treatment and testing episodes in relation to blood product administration.**

## PROCEDURE

- All admitted patients must wear an identification band. Prior to attaching an identification band to a patient, the person responsible must verbally confirm the details written on the band are correct with the patient.
- All patients requiring venepuncture for a blood sample required for ABO blood grouping should be identified by asking the patient to state their:
  - Surname
  - First Name
  - Date of Birth
- These details **MUST** match the details on the blood transfusion request form (MR/17A) and the details handwritten on the blood sample tube.
- Patients unable to adequately communicate (unconscious or confused) must have their details and UR number taken from their identification band. These details are then confirmed with the details on the blood transfusion request form (MR/17A).

---

<b>Title:</b>	<b>Patient Identification for Blood Transfusion</b>	<b>Expiry Date:</b>	<b>December 2010</b>
<b>Type:</b>	<b>Clinical Policy</b>	<b>Document ID:</b>	<b>34.10</b>
<b>Section:</b>	<b>Bloodl</b>	<b>Version No.:</b>	<b>2</b>
<b>Lead Author</b>	<b>Linley Bielby</b>		

---

- If there is no identification band in place because a patient is not admitted and the patient is unable to adequately communicate due to language difficulties or they are confused, they must have their full personal details verbally checked with either a family member/guardian or translator (family member or professional) and confirmed with the details on the blood transfusion request form (MR/17A).
- Patients undergoing a transfusion **MUST** have a hospital identification band attached throughout the admission bearing the patients first name, surname, date of birth, gender and hospital unit record (UR) number. This applies to all transfusion admissions - in-patients and day admission.
- The identification band details must be verbally confirmed with the patient prior to administering blood products. These details **MUST** match the details on the blood product transfusion issue form (MR/17AA, AB, AC, AD, AE, AF, AG, AH, AI) and the blood product.
- If the identification band requires repositioning, it is the responsibility of the person removing the identification band to reposition the band to an appropriate site, immediately. Where a new band is made and applied details **MUST** be confirmed with the patient as per point 1.
- If any discrepancies regarding patient details are noted on the identification band, request form, blood product issue form or on the blood product, patient admissions must be notified and Blood Bank should be contacted.

**BLOOD PRODUCTS MUST NOT BE TRANSFUSED UNTIL ALL PATIENT IDENTIFIERS CORRELATE.**

(For checking procedure prior to blood product administration see policy 34.1-6)

**KEY PERFORMANCE INDICATORS**

Annual audit of compliance will be conducted by Transfusion Nurse or delegate. Reported to the Transfusion Committee and Clinical Governance Committee.

**REFERENCES**

Australian & New Zealand Society of Blood Transfusion Inc. & Royal College of Nursing Australia. Guidelines for the Administration of Blood Components. 1<sup>st</sup> Edition, October 2004

Australian Red Cross Blood Service (ARCBS) Transfusion Manual. [www.transfusion.com.au](http://www.transfusion.com.au)

British Blood Transfusion Society, Plymouth Grove, Manchester. [www.bbts.org.uk/](http://www.bbts.org.uk/)

British Committee for Standards in Haematology, Blood Transfusion Task Force. The administration of blood and blood components and the management of transfused patients. (Transfusion Medicine, 1999, 9, 227-228).

**Authoriser:** **Chief Medical Officer**