

Manual:	Melbourne Health Policy & Procedure	Policy No.:	S21.7
Section:	Intravenous Therapy	Issue Date:	November 2004
Subject:	BLOOD AND BLOOD PRODUCT REQUESTS	Previous Issue Date:	0
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PURPOSE AND SCOPE

The Royal Melbourne Hospital (RMH) Transfusion Laboratory is the central point of distribution for all blood and blood products for Melbourne Health. This document outlines the Melbourne Health policy and procedure for requesting and cross matching blood and blood products for transfusion.

Blood products include: Autologous whole blood, reconstituted red cells, platelets, fresh frozen plasma (FFP), cryoprecipitate, 4% Albumex, 20% Albumex, other immunoglobulin preparations and specific coagulation factor concentrates

Requests for cryopreserved bone marrow (BM), peripheral blood progenitor cells (PBPC), Granulocytes, Donor Lymphocyte Infusion and non-cryopreserved fresh BM & PBPC should be directed to the Transfusion Laboratory on ext. 27175

This policy should be read in conjunction with:

- S21.6 Blood Product Transfusion
- S13.5 Transfusion of Blood Products to Nephrology Patients
- S2.17 Patient Identification

POLICY

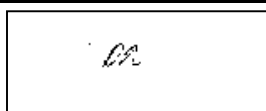
- **All blood and blood products must be ordered by a medical officer. Registered midwives may request anti RhD immunoglobulin.**
- **Errors made at time of collection are the leading cause of major haemolytic transfusion reactions at time of administration. To avoid errors, the patient's identity must be positively confirmed at the time of collection as per policy S2.17 Patient Identification**
- **Labelling on the blood sample, the request slip, patient's identification band and computer record must be identical before Transfusion Laboratory will proceed with the request.**

PROCEDURE

Requests for Crossmatch, Group and Screen, Group Only or Blood and Blood Products.

1. A request for Crossmatch, Group and Screen or Group Only consists of 2 separate, but equally important, components, a request form and a blood sample.
2. A medical officer must sign the request for cross match and write the test requesting, group and screen, group only **and/or** a specific blood product.
3. **All fields** on the request form relevant to the specific blood product or blood test being ordered **must** be completed. A medical officer's signature ensures his/her responsibility for this. In signing, the medical officer takes responsibility for the completeness and accuracy of the information.
4. The specimen **must** be legibly labelled with:
 - **Patient's Surname**
 - **First Name in full**
 - **Hospital Unit Record (UR) number** (if one is allocated)
 - **Date of Birth** (if no UR. number allocated)
 - Ward
 - Date, Time and Year of Collection
 - Collector's Name and Signature

Bradma label will
be accepted



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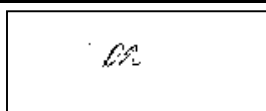
5. Non-compliance with these requirements will elicit one of two responses:
 - i. **Re-bleed – Any** error or omission / discrepancy in patient identification [as outlined above in bold] **and/or** phlebotomist declaration on the request form will require a re-bleed of patient. Errors or omission in date, time, year and signature on **both** essential components [that is request form and sample] will require a re-bleed.
 - **Any** error or omission in patient identification on the sample tube label will require a re-bleed
 - ii. **Delay in issue of product.** – **Any** other error or failure to complete relevant fields on the request form or sample, will delay issue of product until they are complete. Error or omission of date, time, and signature, on one component only [that is request form or sample] will cause delay until corrected.
6. 7.5ml of blood should be collected in an EDTA tube (purple top). Standard precautions should be taken while sampling and handling blood.
7. The specimen should be collected within 72 hours prior to the transfusion unless it can be clearly established that the recipient has not been transfused or pregnant within the past three months.
8. The patient's identity must be positively confirmed at the time of sample collection and the tube labelled immediately after being filled and before leaving the patient's side. Identification should be made by:
 - Identification label securely fastened to the patient
 - OR
 - Asking the patient to state or spell his/ her name
 - OR
 - With a second attendant
9. When requesting Platelets, FFP and Cryoprecipitate, the patient's ABO and Rh (D) group must be recorded as a valid specimen for transfusion in the Melbourne Health computer system or a new request form and sample is required to perform this.
10. The request form and specimen tube must carry identical patient information to the patient's identification band.
11. The blood and request form are sent to RMH Transfusion Laboratory. Routine requests should be in RMH Transfusion Laboratory by 1600 hours.
12. A scientist is in attendance 24 hours daily for emergencies. If the request form is marked urgent, RMH Transfusion Laboratory will inform the ward or unit when the blood is ready for collection.

Requests for Blood Components with Special Requirements.

If requesting blood components with special requirements, this must be indicated on the Blood Test/Product Request form.

Indications for Cytomegalovirus (CMV) Seronegative Red Cells and Platelets [Not required for Plasma]

- CMV seronegative recipients of allogeneic or autologous stem cell, bone marrow or solid organ transplants.
- CMV seronegative recipients of highly immunosuppressive chemotherapy e.g. leukaemia, lymphoma.
- Recipients of intrauterine red cell transfusions.
- Premature (<1500g live birth weight) or immunocompromised neonates.
- All pregnant women who require transfusion regardless of their CMV Ab status.



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- CMV seronegative severely immunocompromised patients.
- Patients in any of the above categories whose CMV status is not yet determined or available.

If a CMV negative product is indicated but not available, and the product is not already leukodepleted, then a leukodepleting filter can be used at the bedside to prevent transmission of CMV.

Indications for Irradiated Blood Components

- Recipients of stem cell or bone marrow transplants.
- Patients with congenital immune deficiencies e.g. congenital hypogammaglobulinaemia
- Recipients of highly immunosuppressive chemotherapy e.g. patient with leukaemia, lymphoma
- Patients receiving purine analogue drugs.
- Patients with aplastic anaemia receiving immunosuppressive therapy.
- Recipients of directed donations from family members.
- Recipients of HLA matched platelets and granulocyte transfusions.
- Patients with thalassaemia major or sickle cell disease who are on a chronic transfusion program

Requests for prestorage leukodepleted red cells, frozen red cells, IgA deficient, washed red cells or other specialized components should be directed to the Haematology Registrar or Haematologist for discussion.

KEY PERFORMANCE INDICATORS

The KPI is formulated by the MH Blood Transfusion Committee in conjunction with the MH Clinical Risk Management Committee. The Transfusion related KPI is:

‘ The Rate of Significant Transfusion Error be < 5 per 100 transfusion request episodes.’

Significant Transfusion Error = Serious cross-match sample/request form patient identification errors and the number of requests lacking a stated clinical indication for the test/transfusion.

FURTHER INFORMATION

Haematologist, Transfusion Laboratory Ext. 27175

Approver

Director MH Transfusion Service.

Melbourne Health Transfusion Committee.

