

Crossmatch Specimen Collection Protocol

Who Division 1 Registered Nursing Staff
Division 2 Registered Nursing Staff if specified in their job description and if accredited in venepuncture
Medical Staff

Expected Outcomes A specimen is collected from the correct patient.
The specimen is labelled with the correct patient details.
The specimen tube and specimen declaration on the Blood Bank Request are signed by the collector.

Precautions Take care with patients who have the same or similar names.

Why To confirm the blood to be transfused is compatible with the recipient's blood.




Incorrect identification of the patient or specimen may lead to the transfusion of incompatible blood. This can cause transfusion reactions and/or death.



To be used in conjunction with the 'Using Venepuncture to Obtain a Blood Specimen' Protocol CP-SC03.

Equipment

- Blood Bank Request MRL28
- Gloves, goggles
- Specimen bag
- Vacutainer system/needle and syringe
- Alcohol skin preparation
- Tourniquet
- Non-sterile cotton wool balls
- Tape
- Kidney dish
- Sharps container
- Large Bradma labels
 - Adults - 9ml pink top EDTA tube
 - Children - 4ml purple top EDTA tube
 - Neonate/baby - 0.5 ml mauve top EDTA tube

- Step 1** Check that the requesting doctor has signed the **Blood Bank Request MRL28** and has completed all sections (including clinical notes).
- Step 2** Explain to the patient what you plan to do and gain consent.
- Step 3** Ask the patient **TO TELL YOU** their first name, surname and date of birth.
- If the patient is unconscious or unable to provide these details, ask a relative or a second member of staff to verify the patient's identity.
- Step 4** Check that the full name, UR number and date of birth exactly match on the:
- Blood Bank Request MRL28
 - Identification wristband
-  If any of the patient details do not exactly match **DO NOT** proceed with the specimen collection until they have been rectified.
- In an emergency situation where the patient's identity is unknown, a documented alternative method of identification must be substituted. This alternative identification must be linked to the patient's name as soon as the name is known.
- Step 5** Wash hands and put on gloves
- Step 6** Follow the 'Using Venepuncture to Obtain a Blood Specimen' Protocol CP-SC03 to collect the blood specimen into the appropriate specimen tube.
- Adults - 9ml pink top EDTA tube
 - Children - 4ml purple top EDTA tube
 - Neonate/baby - 0.5 ml mauve top EDTA tube
- Step 7** Dispose of the vacutainer/needle and syringe into the sharps container.
- Step 8** The specimen must be labelled at the patient's bedside immediately after the specimen is collected.
- Label with a **large Bradma label** or **handwrite** the details on the tube.
- The following patient information must be included on the specimen label:
- First name and surname in full with correct spelling
 - Unit record (UR) number
 - Date of birth

- Step 9** **SIGN** the **specimen label** and write the time and date of collection.
- Step 10** **SIGN** the **specimen declaration** on the Blood Bank Request MRL28 with your full signature and write the time and date of collection.
- Step 11** Place the labelled specimen and Blood Bank Request in a laboratory transport bag and send it to the laboratory.
- Mandatory Labelling Criteria** If any of the above criteria are not met the specimen will be discarded and a new Blood Bank Request must be written and a new specimen drawn from the patient. Corrections will not be accepted under any circumstances. In emergency situations O negative blood will be issued.



If an adverse event (actual or 'near miss') is associated with the collection of a crossmatch specimen, document details in the medical record and complete an incident report.



Aiello, J., Davis, K., Thorp, D., 2004, *Guidelines for the Administration of Blood Components*, 1st edn, Australian & New Zealand Society of Blood Transfusion Inc, Sydney

Blood Component Information: An extension of blood component labels, 2005, Australian Red Cross Blood Service, Fitzroy

The Clinical Use of Blood in Medicine, Obstetrics, Paediatrics, Surgery and Anaesthesia, Trauma & Burns, 2001, World Health Organisation, Blood Transfusion Safety, Malta

Davis, K., Francis, A., Hogan, C., Hudson, P., Roper, T., Russell, P., Woodfield, G., 2002, *Guidelines for Pretransfusion Testing*, 4th edn, Australian & New Zealand Society of Blood Transfusion Inc, Sydney

Guide to the preparation, use and quality assurance of blood components. 2003, 9th edn, Council of Europe Publishing, Germany

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