Labeling Requirements for All Blood Bank Tests

For patient safety reasons, all specimens must be labeled completely at bedside referring to the attached hospital armband. Minimum label requirements are: patient’s name (first and last), hospital number, date and time, and drawer’s initials. If label is inaccurate, incomplete, or if there is a discrepancy, the specimen will be rejected and a new specimen will have to be drawn. This requirement is strictly enforced due to the serious, potentially fatal outcome if a specimen is not labeled correctly.

Additional arm banding (Typenex®) is required for specimens to be used for pretransfusion testing including:

- Draw and holds
- Type and screen
- Red cell (crossmatches)
- Platelet
- Fresh frozen plasma
- Cryoprecipitate

1. Patient must have the standard attached hospital armband with patient’s name (first and last) and hospital number, which is used to positively identify patient being drawn and hand label the specimen. Chart labels or addressograph labels are not acceptable. Typenex® armband must be completed and placed on the patient at the time of draw by the person drawing the specimen before leaving the bedside.

2. Specimen must have the long Typenex® label attached to the specimen at the bedside with the following information taken from the patient’s attached hospital armband:

   - First and last name
   - Hospital number
   - Date
   - Time
   - Drawer’s initials (designated as “pb” on Typenex® long label)

3. All above information must be hand written and legible.
4. One of the extra labels from the armband must be placed on the request form (laboratory copy).
5. The Typenex® armband must not be removed until patient is discharged. If Typenex® armband is removed or does not match the tag attached to the blood product, transfusion cannot take place. Specimen must be redrawn and testing repeated.
6. If additional specimen(s) are required to be drawn and a Typenex® armband has already been placed on the patient, label the specimen with all of the information listed in step 2 plus the Typenex® number taken from the attached armband (3 letters and 4 numbers).
7. The priority must be noted on the request form in space provided. Use the following number system for crossmatch orders:

   - **Priority 1**: Uncrossmatched O-negative units will be issued immediately (use red letter form #70283). Use 1 form per 4 units requested. Must have physician signature on 1 of the 70283 forms. Use form #70327 (blue) for all other priorities listed below.
   - **Priority 2**: Ready 45 minutes from the time Blood Bank receives the specimen. Use for urgent, life-threatening needs only. Use form #70327 (blue).
   - **Priority 3**: Ready 2 hours from the time Blood Bank receives specimen. Use form #70327 (blue).
   - **Priority 4**: Ready the same day as requested. Use form #70327 (blue).
   - **Priority 5**: Ready for use the following day. Use form #70327 (blue).

8. If not transfused, crossmatched units are automatically released 72 hours after the specimen is drawn. Surgical and obstetric delivery crossmatched units will be released the day after the surgery.

Ordering Options

- **Priority**: System for blood components as described above in #7.
- **Draw and Hold (for possible crossmatches or type and screen)**

   —Patient specimen is stored in Blood Bank for 72 hours. No testing is done until Blood Bank is notified to activate crossmatch or type and screen. Hold is used for OB delivery admissions or situations where component needs have not yet been determined.

   —Once Blood Bank is notified by phone, turnaround time will be 30 to 45 minutes (longer if antibodies are detected). Be ready to give patient’s hospital number, last name, and test requested (crossmatch/# of units or type and screen)

   —Only a draw fee is charged if order is not activated to crossmatch or type and screen. Draw and holds decrease turnaround time by having the specimen in the laboratory.
• **Type and Screen for Scheduled Elective Surgery:**
  — Available for selected surgical cases defined by the Blood Bank Medical Director as being low risk for blood usage. Two units will be crossmatched if problems are encountered or surgery procedure is not eligible for type and screen.
  — Once type and screen testing is complete, turnaround time for crossmatched units is 10 to 12 minutes compared to 45 minutes plus time to draw and transport specimen to Blood Bank.
  — There is a decrease cost to the patient by not crossmatching unless transfusion becomes necessary. This allows better utilization of blood inventory to decrease waste.

• **Type and Screen for Nonsurgical or Emergency Surgery:**
  — Trauma and emergency department or other areas where transfusion (crossmatches) may be necessary, but exact needs are not known as yet. Can be ordered as STAT; indicate priority on request.
  — Once type and screen testing is complete, turnaround time for crossmatched units is 10 to 12 minutes compared to 45 minutes plus time to draw and transport specimen to Blood Bank.

**Specimen Requirements**

- Adults - 6 mL EDTA (purple-top) tube
- Pediatrics - 2 mL EDTA (purple-top) tube (minimum volume)
- Neonates - 1 mL EDTA (purple-top) tube (minimum volume)
- Specimen should not be shared with other tests or departments (eg, hematology complete blood count, etc.)
- Gel separator tubes cannot be used for Blood Bank

**Additional Units**

Patient specimens can be used for crossmatch for 3 days after draw date. Additional units needed during this time may be requested by calling Blood Bank at 269-341-6444 to verify that sufficient specimen volume is available. Send a written request indicating “specimen in laboratory.”

**Issuing Blood Products**

Due to strict storage and transport requirements of blood components, an IV line must be started before a blood component is issued. This enables the blood to be infused immediately after its arrival in the patient care area. The blood component must be returned to Blood Bank when there are delays of more than 10 to 15 minutes before starting transfusion. Call Blood Bank for reissue of the component after the problem has been resolved.

Never place blood components in a refrigerator in patient care areas.

Only 1 unit will be issued at a time unless the patient has more than one IV and units will be hung immediately.

The tube system will be used, where possible, to transport units. The accompanying yellow transport copy should be signed and returned immediately to Blood Bank upon blood product receipt. Never return a spiked or damaged unit of blood via the tube system. Return the damaged unit in a sealed, Ziploc® bag via transport staff. Reasons for returning the unit must be documented with returned unit.

**Infusion Practices**

Identify patient and blood component at bedside with another registered nurse per nursing policy.

Normal saline is the only acceptable solution for transfusion. No drug should be administered with blood products or infused through the same administration set. All blood products must be administered through a filter.

Blood should never be infused for >4 hours to prevent potentially fatal transfusion reactions due to bacterial proliferation in the blood component. If a patient requires slow infusion longer than 2 to 3 hours, please note on the request form that the unit be split so 1 part can remain in the monitored Blood Bank refrigerator while the other is infused.

During the first 15 minutes, the rate of infusion of products containing red cells must be very slow. This will minimize the volume of red cells infused if the patient experiences an immediate hemolytic or anaphylactic reaction. The nurse must observe the patient closely for at least 10 minutes at the beginning of the transfusion. If there is no adverse reaction, the rate may be adjusted to comply with rate orders by the physician.

The transfusion tag must remain attached to the blood component throughout the transfusion. When the transfusion is
finished, the transfusion record must be filled out completely including indications for transfusion. Return the audit copy to Blood Bank immediately.

If an adverse reaction is observed, 1) stop the transfusion to limit the volume of red cells infused, 2) maintain the saline drip, and 3) then notify the physician and Blood Bank immediately. Follow the instructions on the “Suspected Transfusion Reaction” (hard copy of the transfusion record that accompanies the component).

**Home Transfusions**
Home transfusions have strict criteria and must be approved by the Blood Bank Medical Director in advance.