

DISPENSING BLOOD AND COMPONENTS

Administrative Procedure BB2368.A

PURPOSE

To describe the policies and procedures on how to accurately dispense the donor unit to the intended recipient by one of the following methods:

- Picked up by a licensed medical personnel or designee
- Picked up by OR (Operating Room) personnel
- Picked up and delivered by SARC (Specimen and Report Center) personnel
- Delivered by the pneumatic tube system (currently not in use)

POLICY

- A. A *Blood Order Form* (HIS, B605, or Exsanguination) must be presented or be on hand in the department when requesting component(s) for transfusion.
 - HIS (Example 1) or B605 (Example 2) form is used when crossmatched blood is dispensed.
 - *Exsanguination Form* (Example 3) is used when uncrossmatched blood is dispensed.
- B. A *Blood Order Form* must have patient identification (full name, medical record number, and date of birth), ordering physician's name as well as quantity and type of blood component requested. Incomplete, inaccurate, or illegible blood order form is not acceptable by Transfusion Services; however, "O" positive/negative red cells and "AB" FFP will be issued in an emergency situation. (Refer to BB2407.A & BB2456A)
- C. Patient identification information on *Blood Order Form* and *Unit Crossmatch and Transfusion Record Form* must be identical. Discrepancies must be resolved according to BB2394A.
- D. The issued blood components are picked up by a licensed medical personnel or designee, or delivered by the Hospital Pevco Pneumatic Tube Delivery System. A physician, RN, or ward designee can pick up no more than 3 donor components for one patient, or 1 donor component each for 2 different patients at one time.
- E. ABO group of all issued donor red blood cells and Rh type of units labeled Rh negative must be confirmed before issuing.

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- F. The following blood and components shall NOT be delivered by Pneumatic Tube Delivery system:
- Jumbo FFP
 - Granulocytes
 - Pooled cryos
 - Special antigenically screened donor units, excluding the following units:
 - ◊ Kell neg only
 - ◊ D, C & K neg only
 - ◊ D, E, & K neg only
 - ◊ D, C, E, & K neg only
 - Autologous and directed donation blood and blood components
 - HLA-matched, crossmatch compatible, or exceptional platelets
 - Units not easily replaceable:
 - ◊ Deglycerolized & washed units
 - ◊ Warm crossmatched, compatible units
 - ◊ Coombs crossmatched, compatible random units

PROCEDURE

Issued blood can be picked up or delivered by various methods: picked up by ward or Operating Room personnel, picked up & delivered by SARC, and delivered by pneumatic tube system.

I. Blood Picked up by Ward Personnel (an RN or Designee):

A. *Dispensing RBCs (See Flowchart A):*

Blood can be dispensed for routine or urgent transfusion. For routine transfusion, HIS or B605 form is used when blood is already crossmatched and ready for pickup. For urgent blood transfusion, *Exsanguination Form* is used when blood is NOT crossmatched and universal donor units (uncrossmatched blood) will be dispensed.

❖ **Routine Transfusion**

1. An RN or designee brings or sends either HIS or Manual B605¹ *Blood Order Form* to Transfusion Service if blood has a **RDY** status in PCI system
2. Upon arrival of an RN or designee at Transfusion Service, the Transfusion Service staff:
 - a. Pull the activity log(s) for the intended recipient from the Crossmatched Blood Box².

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- b. Verify the following information on the activity log is identical to that on the *Blood Order Form*:
- Patient's full name
 - Medical record number
 - Date of birth (optional)
- c. Retrieve donor unit from the appropriate refrigerator shelf according to the activity log:
- 1). Issue donor *blood* in the following order:
 - 1st: autologous
 - 2nd: directed donation
 - 3rd: stock units
 - 2). Within each category, use the shortest dated unit first or use the unit with no *segments* left.
- d. Issue and transfuse the unit in the LIS (refer to BB2560A) and if needed, re-print the *Unit Crossmatch & Transfusion Record* (Example 4) on printer A-143.
- e. Verify that the following special needs are on the *Unit Crossmatch & Transfusion Record Form*:
- Blood warmer
 - Leukodepletion filter
 - Irradiated
 - CMV neg
 - Leukoreduction filter not indicated for leukoreduced products,
- f. Write the date of issuing of that component on the activity log.
- g. Return the activity log to the *Crossmatched Blood Box*. If no units are crossmatched on activity log, file it in the *Completed Activity Log Box*.
- h. When donor unit is dispensed to RN or designee, both the Transfusion Services personnel and ward personnel:
- 1). Affix patient ID label onto *Blood Order Form* (Example 1; Location D) and confirm the correctness of the intended recipient. However, if the RN or designee brings the *Blood Order Form* to Transfusion Service, this step can be omitted.

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2). Verify that the following information is identical on the *Unit Crossmatch & Transfusion Record Form*, the hard copy, the *Blood Order Form*, and the donor unit bag:

- Patient's name
- Patient's medical record number
- Patient's date of birth
- Patient's blood type
- Donor blood type
- Donor unit number
- Expiration date of donor unit. (Assure that unit has not expired.)

3). Verify/inspect the following:

- a) **Verify that ABO & Rh types of patient and donor are compatible (BB2407A)** as well as that the ABO/Rh confirmation label is present.
- b) If a donor blood demonstrates any abnormal appearance or if a platelet component demonstrates grossly visible aggregates after storage, the unit will not be used for transfusion unless specifically authorized by the Medical Director or designee.
 - For red cells: Inspect for blood clots, abnormal color of plasma due to hemolysis, bacteria contamination (purple tinge) or gross lipemia, and trapped air bubbles.
 - For platelets: Inspect for grossly visible aggregates, large air bubbles.
 - For FFPs: Inspect for abnormal color of plasma, gross lipemia, and fibrin strands.
- c) Verify the needs of issuing RC/PL filters, special administration set, irradiated/CMVneg/screened blood components, etc.
- d) Transfusion Service staff initial in the designated areas of Blood Order Form (Example 1: Location A).
- e) RN or designee legibly signs the form (Example 1: Location C).
 - The RN or physician signs his/her name (first initial and last name).
 - The designee signs his/her name (first initial and last name), and write in the name of RN or physician (first initial and last name).

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f) The Transfusion Service personnel:

- (1). Time-stamp *Blood Order Form*.
- (2). Dispense the donor component(s) to the ward personnel.
- (3). Place all forms in the dated flip file for processing.

❖ **Urgent Transfusion**

1. An RN or designee brings the Exsanguination Form to Transfusion Service if blood is **NOT crossmatched** and the needs are urgent.
2. Upon receipt of Exsanguination Form and if blood is not crossmatched for the patient, the Transfusion Service staff select universal donor units according to BB2407A, BB2453.A and BB2456A.
 - a. Time stamp the *Exsanguination Form* upon receipt.
 - b. If time permits, emergency issue and transfuse donor units in the LIS (a new BB specimen # will be created).
 - c. When a new specimen is received, edit the newly created BB specimen # just created in the previous step.
 - d. Perform T&C.
 - e. Print *Unit Crossmatch and Transfusion Record Form* and attach to *Exsanguination Form*.
 - f. If the *Exsanguination Form* is incomplete:
 - 1) Photocopy the incomplete *Exsanguination Form*; send to the physician to complete the form via ward or OR designee.
 - 2) Keep a copy of the incomplete *Exsanguination Form* in the *Exsanguination Logsheet Monitoring Binder* and enter the DATE, NAME, & WARD on the logsheet (Example 5).
 - 3) After the ward designee returns the completed form, enter DATE RETURNED on the logsheet and leave the *Exsanguination Form* for supervisor review.

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- 4) If the physician does not return the complete *Exsanguination Form* within 10 working days, the medical director or designee documents the follow up action.

B. *Dispensing Plasma Products (See Flowchart B)*

If FFP, platelets, or cryos are requested for transfusion, the type and quantity of the product and the time for transfusion must be written on the *Blood Order Form* or communicated to Transfusion Service staff either by calling, faxing, or sending (via pneumatic tube system) the order to Transfusion Service.

1. The Transfusion Service staff issue units in LIS and tag the *Unit Crossmatch & Transfusion Record Form* to the FFP, platelets, and cryos.
 - For platelet transfusions, check stock and reserve platelets (PPH5 or Platelet concentrates); refer to BB2403.A-Platelet Pack and Plateletpheresis.³
 - For FFP transfusion, refer to BB2884.T-Thawing Plasma on MT-210 Plasma Thawer.
 - For cryo transfusion, refer to BB2885.T-Cryoprecipitates-Assigning, Thawing and Pooling.
2. Store the issued components if not dispensed right away:
 - WB, RBC, and FFP are placed on a designated top shelf in the refrigerator (R11) in Room 2006 until dispensing.
 - Platelets, granulocytes, and cryoprecipitates are stored at room temperature until dispensing. Keep the platelets on the rotator if delivery time will be > 30 min.

II. Blood Picked up by OR Personnel

Blood can be picked up for immediate transfusion or stored in a refrigerator or AABB approved box for potential transfusion in the operating room.

A. *Blood Picked up for Transfusion*

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Refer to Steps 1-A and 1-B to dispense the RBCs and plasma products. If time permits, issue and transfuse in LIS before dispensing to prevent dispensing an expired or ABO incompatible blood component.

B. Blood Stored in a Portable Refrigerator

1. Refer to Steps 1-A and 1-B to dispense the RBCs and plasma products.

If time permits, issue and transfuse in LIS before dispensing. Otherwise, the blood components should be issued and transfused in the LIS ASAP to prevent dispensing an expired or ABO incompatible blood component.
2. Affix the temperature stickers on all donor units, except massive trauma users.
3. Record Refrigerator #, Rm #, patient's name, date/time units dispensed, etc. on *Portable Refrigerator Monitoring Log* (Example 6).
4. Both Transfusion Service and OR personnel perform Steps 1-A and 1-B.
5. After verifying the donor blood component and the intended recipient, the Transfusion Service and OR personnel sign the Blood Order Form.
6. Transfusion Services/OR personnel place the blood components in the portable refrigerator.
7. The OR personnel transport the refrigerator to the OR in which the patient will have surgery (refer to BB2472.A).
8. After completion of the surgery, the OR personnel:
 - Return the portable refrigerator to the Transfusion Services.
 - Remove the unused blood components from the refrigerator.
 - Notify Transfusion Services personnel of their actions.
 - Sign off *Portable Surgery Refrigerator Monitoring Log* with Transfusion Service personnel.
9. The Transfusion Services personnel verify that the donor units meet the re-issuing criteria (eg, the flower on the HemoTemp sticker remains blue, not gray or tan, and the temperature is within acceptable limits of 1-10°C).
10. If OR insists upon keeping the refrigerator for the next case:

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- a. Notify the attending pathologist. The attending will speak with OR personnel and get the name of an RN who will state "I checked the portable refrigerator and it contains no blood components for the specified patient."
- b. Fill out a laboratory incident report to that effect.

C. Blood Stored in an AABB Approved Box

1. Refer to Steps 1-A to 1-B to dispense the donor units:
 - If time permits, issue and transfuse in LIS before dispensing to prevent dispensing an expired or ABO incompatible blood component.
2. Affix the temperature stickers on all donor units.
3. Record patient's name, Rm #, date/time units dispensed, etc. on Portable Refrigerator Monitoring Log (Example 6).
4. Both Transfusion Service and OR personnel perform Steps 1-A and 1-B.
5. After verifying the donor blood component and the intended recipient, the Transfusion Service and OR personnel sign the Blood Order Form (Example 2: Locations A & C)
6. Transfusion Services/OR personnel place the blood components in the AABB box. (Refer to BB2379.A)
7. The OR personnel:
 - a. Transport the iced AABB box to the OR in which the patient will have surgery. (Refer to BB.2472)
 - b. Must return the box to Transfusion Services within 4 hours after leaving Transfusion Service. (The AABB box is not suitable for long term storage for blood or blood components.)
 - c. Remove the unused blood components from the box.
 - d. Notify Transfusion Services personnel of their actions.
8. The Transfusion Services personnel verify that the donor units meet the re-issuing criteria (eg, the flower on the HemoTemp sticker remains blue, not gray or tan, and the temperature is within acceptable limits of 1-10°C).

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III. Blood Picked up and Delivered by SARC

For scheduled transfusions in IVCC and IVPB, SARC delivers portable coolers containing multiple units for multiple patients. However, separate coolers are used for blood and PPH5.

1. Using the A-Bench information sheet as a guide, compile patient activity logs.
2. IVCC and IVPB *Blood Order Forms* are kept at "A" Bench or with *Crossmatch Activity Logs* until dispensed to SARC personnel for delivery or picked up by designee from the IV Infusion Center. Refer to BB2380.A when dispense blood components to IV Infusion Center.
3. Refer to Steps I-A and I-B to dispense the RBCs and plasma products. The following steps were modified:
 - **Step I-A-2-h:** Two Transfusion Service personnel can confirm the correctness of the intended recipient and donor blood when the crossmatch is completed. However, the donor blood must be inspected for abnormal appearance just before packaging.
 - Affix one HemoTemp sticker on one of the donor units per container requiring ice before placing the blood components in the portable cooler. (Refer to BB2835.A)

IV. Blood Delivered by a Pneumatic Tube Delivery System (Currently Not in Use):

Refer to POLICY F for donor units not suitable for delivery by pneumatic tube system; refer to Steps I-A-1 to process the donor units for tube delivery.

1. Communicate with ward staff that a donor unit for a patient (use full name) is to be sent through the tube system.
2. Use only "clear" carriers.
3. Place the unit in a plastic bag and load the blood or blood component and the *Blood Order Form* (Examples 1 or 2) in the carrier.
4. Make sure the carrier is properly closed without any material sticking out of the carrier. Improperly closed carriers may result in a system failure.
5. Press the *Clear Display Button*.

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6. Place the carrier upright on the metal arm of the dispatcher on the tube station.
7. Clear out any carriers behind the dispatcher, otherwise the station will jam.
8. Select the station address of the ward where the carrier is to be sent.
9. Press the number and/or letter keys to enter the station address. Check the digital display to be certain it shows the correct address. As you press the keypad, there will be a beep after each number entered.
10. Press send. The display indicates one of the following messages:
 - **Send in Progress**, if the carrier can be sent at once.
 - **Send Accepted**, if the carrier must wait for a route to be cleared. Once the route is clear, the message will change to Send in Progress.
 - **Send Denied**, if the system will not allow a transport to location. This may be the result of full station or of the station not being in operation.
11. Stay at the station until the carrier leaves. Do not walk away and leave the tube waiting.
12. Upon receipt of blood or blood components, the licensed medical personnel or designee immediately does the following:
 - a. Verify that the donor blood component is for the intended recipient, and all the information on the donor unit is correct.
 - b. **Legibly** sign the form(Examples 1 or 2, Location C):
 - The RN or physician signs his/her name (first initial and last name).
 - The designee signs his/her name (first initial and last name) and writes the name of RN or physician (first initial and last name).
 - c. Affix patient name label or block print patient's full name & MR# on the Blood Order Form(Examples 1 or 2, Location D).
 - d. Return completed Blood Order Form to Transfusion Service using the same carrier the blood component was sent in. If the Transfusion Service does not receive completed Blood Order Form within 30 min, proceed to next step (Step B-13-c).
13. Fill out an incident report (Example 7) on returned Blood Order Form which is either incomplete or incorrectly documented:

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- a. If the RN or designee signs the wrong location, inform the RN or designee regarding the minor error and draw an arrow from the signature to the correct location. Incident report is not required.
- b. If the returned Blood Order Form is incomplete (missing signature or patient label), request the RN or designee to bring the donor unit and patient label/addressograph information to Transfusion Service to complete the required documentation. Save a copy of incomplete and completed Blood Order Forms with the incident report. If the RN refuses to return the donor unit, proceed to next step IV-13-c.
- c. If any one of the following situations occurs:
 - The returned Blood Order Form has incorrect patient label or addressograph information.
 - The returned Blood Order Form is incomplete and the RN has already spiked the donor unit.
 - The returned Blood Order Form is incomplete, but the RN refuses to bring the donor unit to Transfusion Service to complete the required documentation.
 - Thirty minutes after issuing, the Transfusion Service still has not received the returned Blood Order Form and is not able to trace the missing form.

Proceed the following steps:

- 1) **Immediately** call the charge nurse (or a nurse if a charge nurse is not available) to verify if the correct patient has received the blood.
 - Even if the unit was transfused to the correct patient, request the nurse to:
 - ◊ Stop the blood transfusion.
 - ◊ Send a designee to Transfusion Services to complete documentation (eg, missing signature or patient label)
 - ◊ Resume the blood transfusion only if all documentation is complete.

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- If the unit was transfused to a wrong patient:
 - ◊ Request the nurse to stop the transfusion immediately. (Refer to BB2520A)
 - ◊ Immediately work up a transfusion reaction.
 - ◊ Notify the medical director or the attending physician.
 - ◊ Fill out a Confidential Report of Incident
- If the nurse has not spiked the unit, request the nurse to:
 - ◊ not spike the unit.
 - ◊ Bring the donor unit and patient label/addressograph information to Transfusion Service to complete the required documentation.
 - ◊ Resume the blood transfusion only if documentation is complete.
- 2) Notify Transfusion Service supervisor or designee.
- 3) Call Nursing Staff Administrator or designee to investigate the **unresolved** incident:
 - Day (9-5 pm): Call Nursing Staff Administrator at Beeper #762-5366 or #762-5365. Fax #: 734-0491.
 - Nights, weekends, or when Nursing Staff Administrator is not available: Call Hospital Nursing Supervisor at Beeper 762-5364. Fax #: 734-2558.
- 4) Fax a copy of incomplete, incorrect, or return pending Blood Order Form including a cover sheet to Nursing Staff Administrator or designee. Add comments: "Please go to (Ward: _____) and investigate this matter."
- 5) Nursing Staff Administrator or designee:
 - Verifies that the unit is transfused to the correct patient.
 - Ensures that the out of compliance RN or designee writes down the donor unit # on a patient label or an addressographed sheet of paper and takes it to the 2nd floor Blood Bank (N2, Rm 2006).
 - Documents the investigation results.

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- 6) To complete documentation on Blood Order Form:
- For incompletely documented Blood Order Form:
 - a) Make a copy of the incompletely documented form.
 - b) Request the RN or designee to sign or place a patient label on the incompletely documented form.
 - c) Make a copy of the completely documented form.
 - d) File the completely documented form.
 - e) Save the copies of incompletely and completely documented Blood Order Forms with the incident report for supervisor review.
 - For incorrectly documented Blood Order Form:
 - a) Make a copy of the incorrectly documented form.
 - b) Request the RN or designee to sign and place a patient label with donor unit # information on a new Blood Order Form (2nd half or regenerate if needed).
 - c) Sign (Examples 1 and 2: Location B) after verifying that the patient label ID and patient ID on the Blood Order Form are identical.
 - d) Make a copy of the correctly documented form.
 - e) File the correctly documented form.
 - f) Save a copy of incorrectly and correctly documented Blood Order Forms with the incident report for supervisor review.

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NOTES

- 1 Usually sent by clinic, ER (Emergency Room), or OR (Operating Room), but may also be delivered by an RN or designee, a SARC courier, or via the pneumatic tube system when HIS is down.
- 2 The activity log is filed alphabetically by the patient's surname in the *Crossmatched Blood Box*; however, "Doe Patients" are filed by first name. An activity log, listing all crossmatched units of blood, is made for every crossmatch specimen on a patient; multiple activity logs per patient are paper clipped together.
- 3 The platelets are tracked by tags, inventory card, or shipping document.

REFERENCE SOPs:

BB2380.A—Shipment of Blood and Components
BB2407A—Selection of ABO and Rh Compatible Blood and Blood Components
BB2453.A—Universal Donor [O Rho(D) Negative] RBC for Trauma Patients
BB2456.A—Emergency and Massive Transfusion
BB2472.A—Transportation of Blood Products and Blood Refrigerator from Blood Bank to the OR for Cardiac Cases.
BB2560.A—Issue/Transfuse Blood & Blood Components in LIS
BB2379.T—Packaging Blood and Blood Components for Shipment
BB2520.A—Investigation of Adverse Transfusion Reactions

REFERENCES

1. Virginia Vengelen-Tyler, Editor in Chief. *American Association of Blood Banks Technical Manual* (AABB), 13th Edition, 1999. American Association of Blood Banks, 8101 Glenbrook Road, Bethesda, Maryland, 20814.
2. *Standards Committee*, American Association of Blood Banks, 20th Edition, 2000. American Association of Blood Banks, 8101 Glenbrook Road, Bethesda, Maryland, 20814.
3. *Code of Federal Regulations*. April 1, 1997. Title 21, 640.2.

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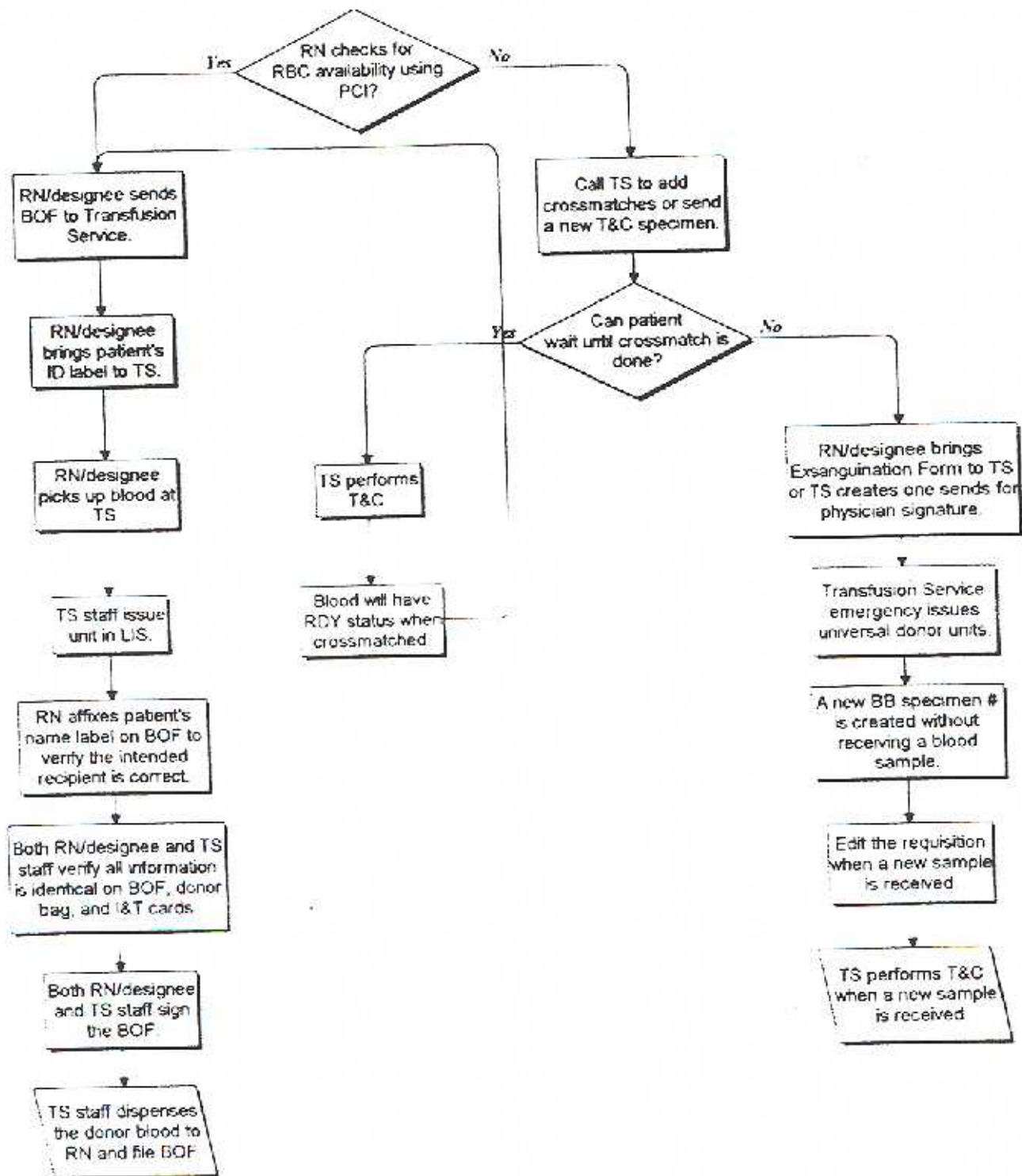
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PROCEDURE HISTORY

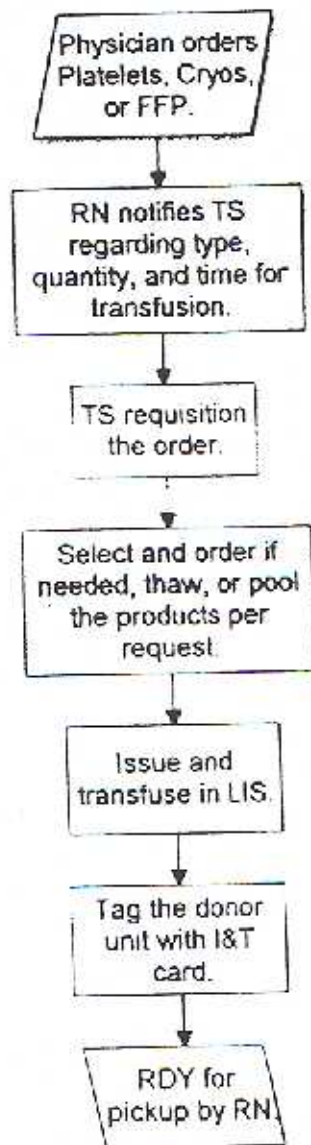
Date	Written/ Revised by	Revision	Approved By	Approved Date
2-84	G. Williams		H. Jensen, MD	2-84
5-87	G. Williams	Revised	H. Jensen, MD	5-87
2-94	J. Huang	Revised	H. Jensen, MD	3-3-94
4-25-94	J. Huang	Revised	H. Jensen, MD	5-17-94
		Reviewed	H. Jensen, MD	3-10-95; 11-19-96; 12-18-97
9-2-98	J. Huang	Revised	H. Jensen, MD	9-15-98
10-28-98	J. Huang	Revised	H. Jensen, MD	10-28-98
10-7-99	J. Huang	Revised	H. Jensen, MD	10-7-99
		Reviewed	Carol Marshall, MD	11-27-99
9-27-01	J. Huang	Revised	Hanne M. Jensen, M.D	10-9-01

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**FLOWCHART A: DISPENSING RBCs TO AN RN OR
DESIGNEE FOR ROUTINE AND URGENT
TRANSFUSIONS BB2368.A**



FLOWCHART B: DISPENSING PLASMA PRODUCTS BB2368.A



-- UCDMC LAB --
R. GREEN MD, DIR

OUT BLOOD BANK:

* 10-403919052 | T2S2 2671#01 BP/EX **Example 1**
DR: 06035 RUDICH,
SEX: M DOB: 01/13/1949 | REQUESTED: 05/18/98
DX: LIVER TRANSPLANT ISOLATION: C

ORD# QTY PRIORITY
858 FRESH FROZEN PLASMA - JUMBO 1 4

**** TRANSFUSION SERVICE STAFF ****

BLOOD COMPONENT DONOR # _____ INSPECTED FOR COLOR,
APPEARANCE, EXPIRATION, CLOTS, AND HEMOLYSIS BY: A = Blood Bank

IDENTIFICATIONS VERIFIED BY: B = Blood Bank if Pneumatic tube
System is used.

**** NURSING STAFF ****

PLEASE CALL 4-2870 TO REQUEST BLOOD DELIVERY.

RECEIVING RN (SIGN) C = RN; Ward clerk and RN VERIFIED THE RECIPIENT IS:

AFFIX LABEL OR PRINT

NAME:

MR#:

D = patient label

---TMR#

-----BLOOD BANK ORDER FORM -- GOLDENROD ----- 705

17:29 05/19/98 FROM MQ09, LBH705RA
10112459REC

Example 2

ICD 9 Code/E

Requesting Physician/PL#:

Physician's Pager #:

Packed Cells (☐ Adult ☐ Peds) ☐ Plateletpheresis ☐ Autologous

Fresh Frozen Plasma (☐ Jumbo ☐ Adult ☐ Peds) ☐ Other _____

TRANSFUSION SERVICE STAFF:

Blood Component Donor # _____ inspected for color, appearance, expiration date, clots, and
hemolysis by: A = Blood Bank

Identifications verified by: B

NURSING STAFF: PLEASE CALL 4-2870 TO REQUEST BLOOD DELIVERY.

Receiving RN (Signature) C = Ward verified the recipient is:

AFFIX LABEL OR PRINT

Name:

MR#:

D = pt label

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**SPECIAL BLOOD BANK REQUISITION
FOR "EXSANGUINATION"**

Example 3

Name of patient:
Medical Record Number:
Date of Birth:

addressograph label

REQUEST FOR BLOOD BEFORE COMPLETION OF CROSSMATCH

O PACKED CELLS NOT CROSSMATCHED

Number of units requested _____

It is my clinical judgement that the above mentioned patient is in urgent need of uncrossmatched blood.

Signature

M.D.

DEFINITION	INTERPRETATION OF DEFINITION	AMOUNT OF TIME REQUIRED
O PACKED CELLS NOT CROSSMATCHED	O PACKED CELLS FROM THE REFRIGERATOR	<5 MINUTES

NOTE: The full crossmatch procedure will be carried to completion even though this blood has been administered to the patient.

DISPENSING RECORD:

Blood Component Donor # _____
inspected for color, appearance, expiration date, clots, and hemolysis by: _____

Receiving RN or designee (Signature): _____

UNIT CROSSMATCH & TRANSFUSION RECORD FORM

85150

AKA: DUE, RICK FW
Patient Name: ~~XXXXXXXXXX~~ 9FW
Medical Rec #: 1545289
Birthdate: 07/07/63
Patient Type: [O POS]

Location: TNMU
Specimen #: 0926:BB00019R

Issued by: _____ Date _____ Time _____

Unit Type: [O POS]
Unit #: KK85150
Exp Date: 10/29/00 2359

Product: PCAS
Antibody Scr: NEGATIVE
Compatible: Y 09/26/00 1048 (B.KR)

I certify that the donor unit number, ABO group and Rh on this form are identical with those on the blood container label.
The patient's name and identification number on this form are identical to the patient's wristband.

Transfusionist (Person A) RN/MD: _____ RN/MD
2nd Verifier (Person B)

Transfusion Start: Date _____ Time _____
Transfusion End: Date _____ Time _____

Transfused Volume: _____

Blood Warmer Documentation	
Used:	Yes No (Circle)
Warmer ID#:	_____
Warmer's Pre Transf. Temp:	_____ °C; Initials: _____
Warmer's Post Transf. Temp:	_____ °C; Initials: _____

Transfusion Reaction: Yes No (Circle)
If yes, immediately stop the transfusion and notify
Transfusion Service at 4-2870 for further instructions

White - Chart Copy

Example 5

University of California, Davis Medical Center
Department of Pathology, Transfusion Service
2315 Stockton Blvd., Sacramento, CA

Logsheet for Monitoring Exanguination Sheets Sent to Wards
(For Blood Requested Prior to Completion of Crossmatch)

[illegible]

Supervisor Review

Date _____

BB2368.A Example 6

[illegible]

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INCIDENT REPORT—PNEUMATIC TUBE DELIVERY

Date/Time of Incident: _____; Date/Time of Report: _____

Person Initiating Report: _____

I. Please complete the following information for the incident:

Patient's Name: _____; Nursing Staff: _____
MR#: _____; Ward: _____
Donor Unit #: _____

I. Check Appropriate Box:

- ☐ Wrong recipient ID
- ☐ Missing recipient ID
- ☐ Missing RN or designee signature
- ☐ Blood Order Form was returned late: ☐ 30-60 min ☐ 1-2 hr ☐ >2 hr
- ☐ Unit misrouted
- ☐ Unit lost
- ☐ Other, please explain: _____

II. Action Taken:

- ☐ RN notified and brought back unit
- ☐ RN notified, but refused to bring back unit, nursing administrator notified
- ☐ RN notified to verify proper recipient
- ☐ Unit spiked and nursing administrator notified
- ☐ Transfusion Service supervisor or designee notified
- ☐ POM notified of the lost unit
- ☐ Other, please explain: _____

III. Follow-up Action:

- ☐ The returned Blood Order Form is completed with proper documentation
- ☐ Lost unit located and returned
- ☐ Other, please explain: _____

Supervisor Review: _____; Date: _____
tube-del.frm; jh; 9/29/98