TITLE: COLLECTION OF SPECIMENS FOR TRANSFUSION TESTING

PURPOSE:
To ensure patient safety by correctly identifying the patient and labeling the sample in preparation for transfusion of a blood component.

POLICY:
A. This policy applies to any patient specimen drawn for the intent or possibility of transfusion with blood component(s) (i.e. Type and Screen).
B. A 2-person collection team ensures correct transfusion patient identification and sample labeling. Labeling of the specimen must occur at the bedside of the patient using a “time out” procedure. The collection team must focus solely on the procedure until its completion. Both members of the team must remain at the bedside throughout the procedure.
C. Samples submitted to the Blood Bank without the completed Type and Screen Time Out Form will not be accepted for testing.
D. Corrections are not allowed on mislabeled specimens; a new sample will be collected. Patient information on the sample must match that on the Type and Screen Time Out Form.
E. Exception: Only 1 sample is required for Neonates (not older than 4 months) per hospital stay.
F. The sample can be used for up to 3 days for red cell products. The same sample can be used for plasma products per admission. If a new sample is required, the Typenex band will be removed and discarded and a new one will replace it.
   1. A new sample and Typenex armband is required to investigate transfusion reactions.
   2. The Blood Bank cannot use a specimen collected for other laboratory tests.
G. Any healthcare provider trained in this procedure (e.g. Nursing, Laboratory, physician, clerical associate) may be the “Collector” or “Verifier”. One of the two people MUST be a licensed nurse, either a LPN or RN.
   1. The only exception to the above is at Outpatient Laboratory collection sites where 2 trained Laboratory phlebotomists will collect the sample.
   2. Physician (MD) or Graduate nurse (GN) cannot substitute for the presence of a LPN or RN. They may be the 2nd person in the collection procedure, however.
I. Uncrossmatched Group O packed cells will be available in emergency situations until a properly labeled sample and form can be obtained.
J. The collection of a Type and Screen sample must be accomplished as a single procedure on one patient and not part of a batch of “lab draws” on multiple patients by either Laboratory or Nursing staff. Only under emergent need circumstances may the Type and Screen sample be collected with other laboratory specimens. Medical director approval is not required, but the circumstances will be documented in the Transfusion Service Error Variance log.
1. Outpatient areas such as Preadmission testing (PAT), OP, Trauma, and ED are excluded from the “dedicated draw” policy, but still must follow the time-out procedure when collecting the Type and Screen sample.

2. If the Inpatient requires other laboratory tests to be collected, they will be drawn at a different time than the Type and Screen sample. The healthcare provider should explain to the patient that this process helps to make their transfusion safe.

K. The Medical Director may choose to deny the privilege of collecting pretransfusion samples to any employee.

PROCEDURE:

A. Confirm physician’s orders for Type and Screen, Crossmatch, or other blood component.

B. Confirm that a new specimen is required. The same transfusion sample can be used for 3 days. Call Transfusion Services, 244-4122 for assistance.

C. Gather equipment
   Have all supplies available at the bedside.
   a. 1 10ml EDTA tube (Purple top) (Available from Central Supply)
   b. Blood Bank armband (Typenex or some other approved brand) (Available from Central Supply)
      Red – Trauma, Yellow – ED, Green – all other patients
   c. Armband extender, if needed, for large patients (Available from Transfusion Service)
   d. Transfusion Specimen Time Out Form (Available from Forms Fast, a 2-part form, #270033). See copy following this procedure.
   e. Three (3) preprinted patient labels (1 for the tube, 2 for the Form) from the order entry system or Addressograph, if available (see below if labels are not available).
   f. Indelible ink pen (does not smear when wet)
   g. Routine venipuncture supplies

D. Specimen Collection
   Before starting the procedure, the RN will call a “time out”. Neither team member will perform any other activity until the Type and Screen sample is labeled and collected.

1. The patient will be identified by two (2) identifiers, neither of which is the patient’s room number. The two pieces of information for comparison can be obtained from the patient’s armband, from the medical record, or the patient can be asked to state their response.
Examples include: the patient’s name, unit number (8-digit permanent medical record number), Social Security number, birth date, address, or Trauma/ED resuscitation number.

a. If unresponsive, use the patient’s name and unit number comparing the armband to the medical record.

2. Closely review the patient’s hospital armband and compare the patient labels to verify this is the intended patient.
   a. Never collect a specimen from a patient without a hospital armband.
      1. For emergency use only: If the patient does not have a hospital armband, the patient will be identified by the Typenex band only. (Example: computer downtime, disaster victim)
   b. If computer labels are not available, compare the armband to the patient medical record face sheet.

3. Next, on the long, peel-away label of the Typenex band, write the following information:
   a. Date
   b. Time
   c. Initials of the collector

4. Attach the Typenex armband around the patient’s arm (or ankle if necessary) securely.
   a. Use an extender armband to lengthen the armband for large patients.
   b. If patient is an infant, attach a small Typenex sticker on the infant’s armband. Keep remaining stickers with the patient’s chart for replacement if needed.

5. Peel off the label and place it lengthwise on the tube. The armband should show a carbon copy of the same information.

6. Cut off the tail of stickers from the armband and discard.

7. Collect the specimen, using sterile technique and filling the tube to its maximum level.
   a. The minimum collection level is 6 cc.
   b. Minimum collection for neonates is 1 cc, using smaller 4cc EDTA tube.
   c. A “short-draw” often requires the Blood Bank to request a second specimen for subsequent orders.
   d. It is acceptable to collect blood from an infusion line. The tubing must be flushed with saline and the first 5cc of blood withdrawn and discarded before collecting the sample.

8. Place a printed label on the purple top tube.
   a. If a preprinted patient label is unavailable, write the following information on the tube in a legible manner:
      1. First and last name of the patient (if known).
         Be sure the names are spelled correctly.
      2. Medical record number (if known)
This is the 8-digit unit number. Do not use the patient’s account number.

9. Complete the Transfusion Specimen Time Out Form
   a. If a preprinted label is unavailable, write the patient’s name and number in a legible manner. Be sure spelling and numbers are correct.
   b. The RN or LPN will initial each step as it is performed, with both parties signing the form at the completion of the procedure.

10. **Before leaving the bedside, review the specimen label and the Type and Screen Time Out Form for accuracy.**

11. Send the sample and form
   a. Send the sample and carbon copy of the Time Out form to the Transfusion Service immediately. The form and sample will be reviewed by the Transfusion Service staff upon receipt for accuracy.
   b. If there is any discrepancy, another sample will be obtained.
   c. The specimen will be rejected in the computer system and the nursing unit notified.
   d. Samples may be sent by the pneumatic tube system or by runner.
   e. The top copy of the Time Out form will be placed in the patient’s medical record in the Laboratory section.

V. REFERENCES:
SHANDS
Jacksonville

POLICY NUMBER: N-01-064
REVIEW RESPONSIBILITY: Laboratory/Nursing
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APPROVED BY: David Wolfson, M.D., Cynthia Gerdik, RN

Collection of Specimens for Transfusion Testing

SOP 2-001/ N-01-064

Instructions: To be completed by the RN or LPN at the patient’s bedside. Place your initials in the appropriate box to indicate that you have verified the procedure as specified.

<table>
<thead>
<tr>
<th>STEP</th>
<th>Time-Out Checklist</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Call TIME-OUT and identify patient</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Label Check</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Prepare Typenex armband</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Place armband on patient. Place small BB ID# below.</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Draw sample</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Label sample</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Label check - repeat Step B</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Transport sample</td>
<td></td>
</tr>
</tbody>
</table>

Confirm that a new sample is required. A new specimen is not required if there is a Type and Screen test reported as completed in the Hospital Information System (Patient Care or Portal) within the last 3 days. Confirm with the Transfusion Service at 4-4122. See N-01-054 for complete details of this procedure (available on the Infornet).

Supplies needed at the bedside: Time-Out form, 3 patient labels (computer or preprinted), Typenex Blood Bank armband, hard-point ink pen, routine venipuncture supplies, 10 mL EDTA (purple top) Vacutainer tube (3mL for Neonate specimen)

Actions to Complete the Checklist:

A. Verify patient identification per routine procedure using two identifiers. Use AIDET to explain procedure to patient. Both healthcare providers are to remain at the patient’s bedside until this procedure is completed.

B. Confirm that each label matches the patient’s armband and the first and last name is spelled completely. Missing letters must be handwritten on the label. Confirm the 8-digit medical record number is listed clearly on the label. Do not use the 10-digit account number to label the specimen.

C. Write date/time and initials of collector on long, white label on armband with hard-point, permanent ink pen.

D. Size armband to patient, close the plastic snap, and cut off any excess band. Discard the cut off tail of the armband. Note: If armband is too small, each box of armbands has an extender included. The Transfusion Service also has extender armbands. The armband must go on the patient’s body; not on the chart, bed, wall, etc.

E. Use routine venipuncture technique. Please fill vacutainer as much as possible.

F. Peel off white label from Typenex armband and place lengthwise on tube. Place patient label lengthwise on opposite side of tube.

G. Check label again - See Step B.

H. Send sample to the Transfusion Service with copy of this form. Original copy of this form goes in patient’s chart.

Blood Bank ID #: __________________________ Patient Location: __________________________

I verify this patient’s identification: __________________________ (RN / LPN / Other) (Print / Signature)

I am the second verifier of this patient’s identification: __________________________ (Print / Signature)

Date/Time: _____________ / _____________

Transfusion Services Time Out
Verification Form
Laboratory

Shands
Jacksonville

Form # 270033
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