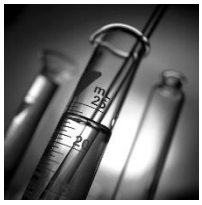
pathlab



*April 2024*

# Blood Bank Request Form / Transfusion Record Form Changes

Effective 6th May 2024, Pathlab will be moving to using the nationalised standard pre transfusion Blood Bank Request Form and Transfusion Record Form. These forms replace the local forms currently used in Rotorua and Taupo Hospitals. This standardisation will make it easier for clinical staff as they move between hospitals.

This has become urgent due to NZBS adopting the ISBT numbering system for blood components. From 09/06/24 a 14-digit unit number will be introduced for blood components. **There is no requirement for this number to be transcribed onto the Transfusion Record Form and doing so will only introduce errors leading to unnecessary delays.**

This will allow familiarisation for clinical staff and laboratory staff before the ISBT component numbers are introduced.

The new forms can be ordered via your current process.

**Additionally,** the consent form for prescription of blood components or products to issue blood still MUST be completed by the clinical staff who will hold the responsibility for these steps to be completed. However, **NZBS and the rest of Pathlab do NOT require the sighting of the consent forms and prescriptions** so these forms are no longer required by the laboratory for blood to be issued.

Mark Howard
**Service Lead, Transfusion**

Dr Gustavo Faulhaber
**Haematologist**

CLINICAL UPDATE

**Please ensure all members of your institution receive a copy of this clinical update.**

# NZBLOOD Blood Bank Request Form

eTraceline Use Only

**Patient:**

| | | | |
|---|---|---|---|
| **Family Name** | | | **Place of Surgery / Transfusion** |
| **Given Names** | | | **Date of Surgery / Transfusion** |
| **NHI** | **Date of Birth** | **Gender** | |
| If patient is a neonate please provide mother's details: | Family Name | NHI | **Ward / Hospital** |
| | Given Names | Date of Birth | |
| **Diagnosis / Indication for transfusion** | | | **Consultant** |

**History affects validity of the blood sample for the provision of red cells for transfusion – please see over**

You must complete all 3 questions – please tick:

- **Transfused** in the last 3 months? ◯ Yes ◯ No ◯ Unknown
- **Pregnant** in the last 3 months? ◯ Yes ◯ No ◯ Unknown ◯ NA
- **RhD Ig given** in the last 3 months? ◯ Yes ◯ No ◯ Unknown

**Blood Bank Tests: If the request is urgent please phone the Blood Bank**

◯ Group & Antibody Screen ◯ Cord Group & DAT ◯ Direct Antiglobulin Test ◯ Other
◯ 1st Antenatal Group & Screen ◯ Subsequent Antenatal Group & Screen ◯ Antenatal Antibody Titre

| **Component Required:** | | **Number** | **Date and Time Required** |
|---|---|---|---|
| Red Cells | Adult | | |
| | Neonatal | | |
| Platelets | Adult | | |
| | Neonatal | | |
| FFP | Adult | | |
| | Neonatal | | |
| Cryoprecipitate | | | |
| Other Components | | | |

| **Fractionated Product Required:** | **Dose** | **Date and Time Required** |
|---|---|---|
| RhD Immunoglobulin | ◯ 625 IU ◯ 250 IU | |
| Prothrombinex-VF | | |
| IVIg* *Requires prior approval | | |
| Albumex 4 | | |
| Albumex 20 | | |
| Hep. B Immunoglobulin | | |
| Other | | |

**Requester**

| **Signature** | **Print Name** (if not the labeller) | **Contact No. / Pager** | **Date** |
|---|---|---|---|
| | | | |

**MANDATORY DECLARATION by Person Collecting the Sample** – *Failure to complete may result in sample rejection*

I certify that I collected the sample(s) accompanying this request from the patient named above
I confirmed the identity of this patient by direct enquiry and / or inspection of their wristband
I labelled the sample(s) by hand immediately after collection at the bedside and in the presence of the patient

**Collector**

| **Signature** Mandatory | **Print Name** (if not in the box above) | **Contact No. / Pager** | **Time** / **Date** |
|---|---|---|---|
| | | | |

Health New Zealand
Te Whatu Ora

**Use for collection of Blood products from Blood Bank**

Patient Label
Name: _____
NHI: _____ DOB: _____
Address: _____

**STOP** Transfusing incompatible blood can cause death. If you have ANY concerns with checking or transfusing blood products, please contact the Transfusion Laboratory

- Checks must be performed at the bedside
- Both staff must check independently
- The transfuser must be a certified blood product nurse, midwife, doctor or anaesthetic technician who will be responsible for monitoring the transfusion
- The checker may be any of the above or an anaesthetic technician or enrolled nurse

- Both must confirm patient identify (wrist label, swing label and prescription) are all the same patient
- The right product for the right person
- Prior to transfusion check that
  - The written consent for transfusion is current
  - T, P, R and BP have been recorded on the observation chart within **60mins** before transfusion starts

Product(s) required from blood bank:

| Check the following prior to transfusion AT THE BEDSIDE | Transfuser | Checker |
|---|---|---|
| Transfuse only if all steps complete (Initial) | | |
| 1. **Has written consent been obtained?** | | |
| 2. Ask patient for full name and DOB | | |
| OR 3. Patient is unable to provide identity | | |
| Next step: Confirm identify | | |
| 4. Wrist label, swing label and prescription (are all the same patient) | | |
| Next step: Product check | | |
| 5. Donation number matches swing label | | |
| 6. Product not yet expired | | |
| 7. Product ABO compatible with patient | | |

Transfuser: (Print name) Checker: (Print name)
Date: (dd/mm/yy) Date: (dd/mm/yy)
Start time: (24 hour) Finish time: (24 hour)

Attach swing label here.
Report all adverse events to Blood Bank

Product required from blood bank:

| Check the following prior to transfusion AT THE BEDSIDE | Transfuser | Checker |
|---|---|---|
| Transfuse only if all steps complete (Initial) | | |
| 8. **Has written consent been obtained?** | | |
| 9. Ask patient for full name and DOB | | |
| OR 10. Patient is unable to provide identity | | |
| Next step: Confirm identify | | |
| 11. Wrist label, swing label and prescription (are all the same patient) | | |
| Next step: Product check | | |
| 12. Donation number matches swing label | | |
| 13. Product not yet expired | | |
| 14. Product ABO compatible with patient | | |

Transfuser: (Print name) Checker: (Print name)
Date: (dd/mm/yy) Date: (dd/mm/yy)
Start time: (24 hour) Finish time: (24 hour)

Attach swing label here.
Report all adverse events to Blood Bank

To be filed in Clinical Record 1 of 1

BLOOD PRODUCTS ADMINISTRATION RECORD

CLINICAL UPDATE

**Please ensure all members of your institution receive a copy of this clinical update.**