Blood Protocol - Pre-Transfusion

Contents

Purpose

To promote safe, evidence-based practice for patients and healthcare professionals.

To ensure the appropriate blood component or fractionated product has been selected and issued to the right patient to avoid incompatible transfusions which may cause serious harm, including death

To ensure the decision to administer blood components or products, and the consideration of other blood management strategies is based on thorough clinical assessment of the patient and of that person's individual needs

To ensure an informed discussion has taken place between the prescribing clinician and patient

To provide for those unable to give consent, including in emergency situations, treatment limiting order and people refusing blood transfusion therapy

To ensure that blood and blood products are to be issued and administered in a standardised manner consistent with the ANZSBT Guidelines for the Administration of Blood Products.

To meet the requirements of the Code of Health and Disability Services Consumers' Rights

To keep accurate sequential records that provides a transparent audit trail

To inform clinicians on procedure and documentation for autologous bone disposal wishes and allogeneic bone & skin grafts

Statement

Please refer to the CDHB Roles and Responsibilities Policy which outlines general roles and responsibilities of staff in fluid and medication management Ref: 2401678

All health professionals must have a clear understanding of their scope of practice in relation to their role in transfusion practice and adhere to this policy and associated policies and guidelines.

All CDHB / WCDHB health professionals involved in the process of transfusion blood and blood products have a professional responsibility to ensure they are competent and have a sound knowledge base around the use of blood products, blood related products and blood related services.

Further information is available on the NZ Blood Service Resource Folder located under Resources on Prism, and the NZBS Transfusion Medicine Handbook available from the Transfusion Nurse Specialist (80610) or online.

Supporting Documents

2408293 Blood Protocol – Components

2408296 Blood Protocol – Fractionated Blood Products

2408294 Blood Protocol – Adverse Transfusion Reactions

2405559 Massive Transfusion Protocol – Adult

232679 Paediatric Massive Transfusion Protocol

Scope

Pre-Transfusion Blood Sampling

Registered Medical Practitioners

Registered Nurse Practitioners

Registered Midwives / Registered Nurses where local policy permits

IV Technicians

Registered Medical Laboratory staff and Phlebotomists

Informed Consent / Prescribing

Medical Officers

Registered Nurse Practitioners with relevant scope of practice

Midwives for Anti-D and Hepatitis B immunoglobulin blood products

Issue of Blood Components and Blood Products

IV Certificated Registered Nurses / IV Certificated Registered Midwives

IV Certificated Registered Nurse Practitioners

Medical Officers

Duty Nurse Managers

Clinical Team Coordinators

Nurse Managers

IV endorsed Enrolled Nurses

Registered Anaesthetic Technicians & Trainee Anaesthetic Technicians

Operating Theatre Assistants

Hospital Aides

Orderlies

NZBS Staff

Safety Notice

ALL staff have permission to call **STOP** during pre-transfusion testing and the transfusion process or at any stage where there are any concerns about patient safety.

A transfusion must only take place in clinical areas that are appropriately resourced with enough trained staff available to monitor and observe the patient for the duration of transfusion

Definitions

ANZSBT	Australia & New Zealand Society of Blood Transfusion Ltd
Blood Bank	NZBS dedicated 24/7 blood bank laboratory or Medlab South laboratory
Blood Component	Any fresh blood cells • red blood cells (RBC) • platelets (Plats) • fresh frozen plasma (FFP) • cryoprecipitate (Cryo) • granulocytes
Blood Products	Fractionated human derived plasma products • Albumin 4% and 20% • Coagulation factors - Prothrombinex®VF, Riastap®, Biostate, FEIBA NF®, Fibrogammin®P • Coagulation Inhibitors - Thrombotrol®VF • IM Immunoglobulin - RhD, Tetanus, Zoster, Normal, Hepatitis, Rabies • IV Immunoglobulin - Intragam®P, Privigen®, Rhophylac • SC Immunoglobulin - Evogam®, Hizentra®
NZBS	New Zealand Blood Service
PTT	Pre-transfusion testing blood sample (Group & Screen/Group & Hold/Cross-match sample are used interchangeably)
Tissue & Bone	Autologous bone flaps, femoral heads, donor skin, Organ Donation
WBIT	Wrong Blood in Tube where blood is drawn from the wrong patient and labelled with the intended patient's details, or blood is drawn from the intended patient but labelled with another patient's details

PTT Blood Sample Collection

ONE staff member is responsible for completion of the whole blood sampling procedure (the "Sample Collector")

Urgent Requests: If the need for blood is urgent, telephone Blood Bank (80310) to alert them of the need and imminent arrival of the sample request

Equipment

Use an original copy of NZBS 111F159 Blood Bank testing form

6mL pink EDTA blood tube for patients 8 years or older (aim for a full tube)

- at least 2mLs of blood is required from younger children
- Paediatric capillary microtainer (0.5mL) is accepted for **neonates only**.
- A blank label can be used for HANDWRITING the neonate's details
  - Surname
  - Full given names or "Baby of *{mothers details}*"
  - Date of birth and NHI.

Patient Identification

Identify the correct patient. A wrong blood in tube (WBIT) can be fatal.

Correct and positive patient identification is essential and the sole responsibility of the blood sample collector.

- Inpatients and day patients must wear an identification wristband.
- Community Outpatients should provide proof of identity with photo ID.

Correct identification of the patient requires any patient capable of giving an accurate, reliable response to state their **surname, given name and date of birth**

Check that the details on the patient identification wristband match those on the Blood Bank Testing form and the patient response.

Sample Collection

ONE patient should be bled at a time

Avoid taking samples from a limb with a current IV infusion

Sample Labelling

Adhesive patient labels are NOT permitted on blood samples for blood bank testing.

All details must be handwritten clearly in black or blue ink.

ALL documentation must be completed at the patient's (bed) side.

Refer to ABCD Guide for labelling pre-transfusion testing blood samples

ABCD GUIDE

A **ASK** the patient to state their full name and date of birth.

- Inpatients: check this matches their wristband exactly
- Outpatients: check the photo ID
- If the patient is unconscious, use the wristband details.

B **BEFORE** leaving the patient's (bed)side, **HANDWRITE** the patient's **four identifiers** (surname, given names, NHI, DOB) on the blood tube. The SAMPLE COLLECTOR must then date, time and sign the tube.

C **CONFIRM** the patient details on the Blood Bank Testing form and the blood tube match exactly**.**

D **DECLARATION:** the SAMPLE COLLECTOR must sign, date and time the Blood Bank Testing form before leaving the patient's (bed)side.

Failure to complete the mandatory declaration will result in sample rejection.

The MANDATORY declaration on the Blood Bank Testing Form (NZBS 111F159) states that the SAMPLE COLLECTOR has -

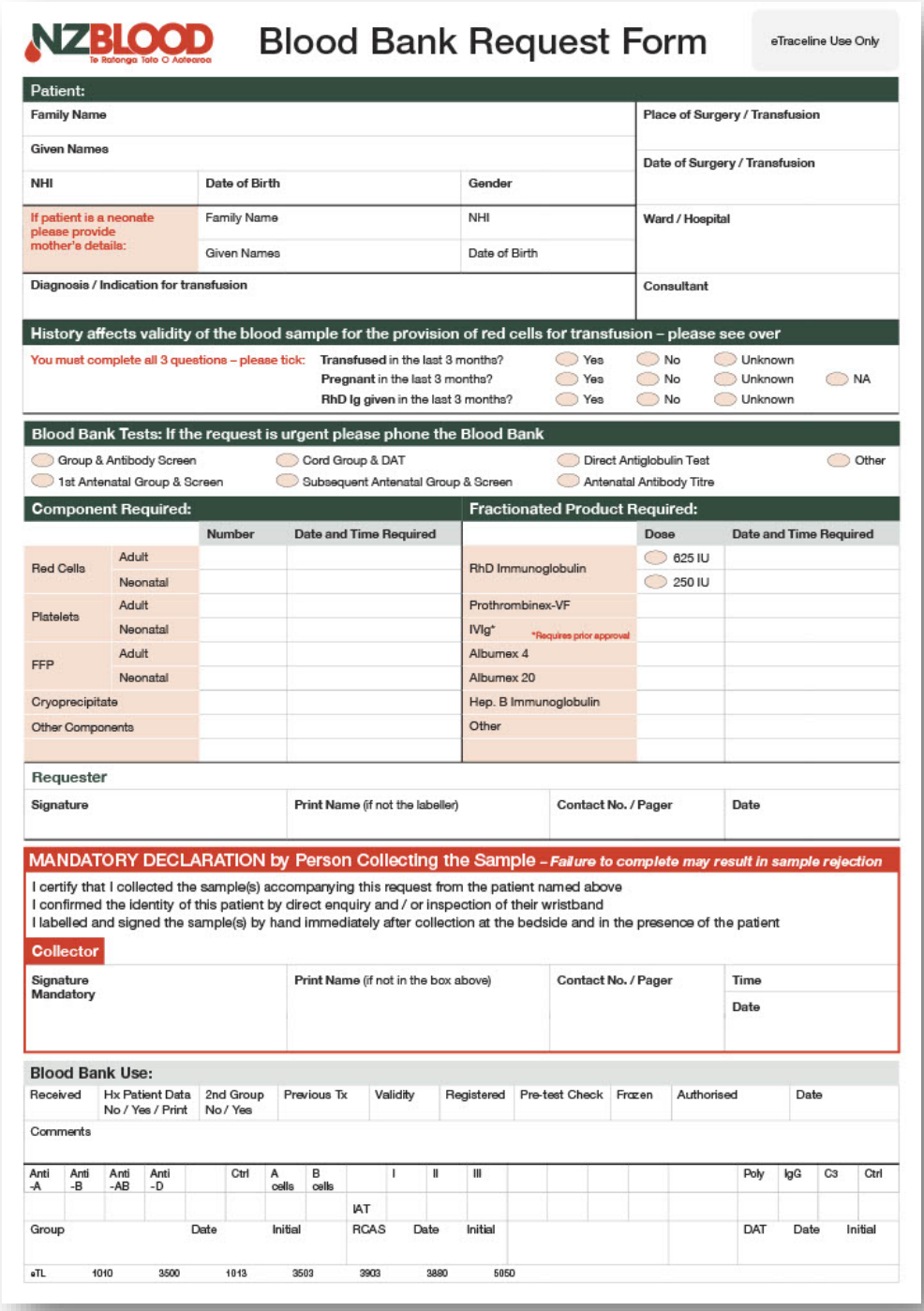
- Collected the blood sample from the patient named on the blood tube
- Confirmed the patient identify by direct enquiry and/or inspection of the wristband
- Labelled and signed the blood sample by hand immediately after collection, in the presence of the patient

The SAMPLE COLLECTOR signs, dates and adds the time to both the form and sample. The signature on the Blood Bank Testing form declaration section must match the signature on the blood sample tube.

Sample labelling discrepancies

If a form or blood sample received by Blood Bank does not meet NZBS identification requirements, the sample will be rejected. Blood Bank will notify the sample collector that another sample is required.

Blood Bank Testing form **DO NOT PRINT - use original copies only**



NZBLOOD Te Ratonga Toto O Aotearoa

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 and signed 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

Blood Bank Use:

Received	Hx Patient Data No / Yes / Print	2nd Group No / Yes	Previous Tx	Validity	Registered	Pre-test Check	Frozen	Authorised	Date
Comments									

Anti -A	Anti -B	Anti -AB	Anti -D		Ctrl	A cells	B cells		I	II	III						Poly	IgG	C3	Ctrl
								IAT												
Group				Date		Initial		RCAS	Date		Initial						DAT	Date		Initial

eTL 1010 3500 1013 3503 3903 3880 5050

Restock from Hospital Supplies (Oracle Ref: 264342).

Emergency stock is held by the Transfusion Nurse Specialist (81620) in Blood Bank (80310).

Blood Bank Testing Form

Original NZBS forms are required with all blood samples. These are duplex forms used by both clinical and Blood Bank staff. Adhesive patient labels are permitted on this form.

The following information is required on the Blood Bank testing form

- Patient identifiers
  - Full name (surname and given names)
  - Date of Birth
  - NHI of the patient (check the wristband or patient photo ID)
- Ward and Hospital Consultant
- Test(s) required
- Patient diagnosis and indication for transfusion
- Relevant patient history regarding recent transfusion or pregnancy and RhD administration. See sample validity for implications. Should this section be left incomplete or indicates "do not know", it will be assumed that these events occurred.
- Indicate the number and type of blood component(s) or blood products that may be required including any special requirements eg. Irradiated red blood cells. NOTE: this form does not replace the QMR022a/b issuing forms used widely within the CDHB.
- Legibly printed name, date, time, contact phone number and signature of the requesting healthcare professional

Sample Validity

Details stated on the Blood Bank Testing Form NZBS 111F159	Sample Validity
Transfusion of red cell or platelet component within last 3 months Pregnant or pregnancy within the last 3 months Documentation does not clearly exclude the above	**72 hours**
No history of transfusion, current pregnancy or pregnancy in the last 3 months	**7 days**
No history of transfusion, current pregnancy or pregnancy within the last 3 months, AND the date and time of an elective procedure is stated on the request form	**21 days**
The 21-day option is ideal for pre-admission clinics. This option must be clearly indicated on the request form.	

Supporting Material

Infection Prevention and Control Policy Ref: 2407578

Patient Identification Policy Ref: 2400587

Student Nurse-Midwife Roles and Responsibilities Policy Ref: 2401682

Informed Consent

The registered health professional that is responsible for the treatment being proposed has duty of care to enable an informed choice to be made about blood transfusions before any treatment begins.

The responsibility may be delegated provided that delegated person is suitable qualified and experienced and has enough knowledge of the individual's circumstances, condition and the proposed treatment plan.

Informed consent for adults or child transfusion needs to be

- obtained prior to the administration of any blood or blood products
- voluntarily given and provide a clear unambiguous statement indicating acceptance of the use of blood, blood products or tissue
- signed by the health professional seeking consent, identifying name, signature and designation, and signed by the consenter identifying authority to sign of behalf or Welfare Guardianship

A translator should be made available for any patient who requests/requires their service

The informed decision must include

- the reason for transfusion
- the proposed blood, blood product(s) or tissues
- the risks and benefits
- the risks or consequences of refusal
- availability and appropriateness of any other blood management strategies
- provision of written and verbal information to support decision making
- opportunity to ask questions

Emergency or Non-Competent patients

The "Decision to Treat by attending Medical Practitioner" section of the Consent Form must be completed by the attending Medical Practitioner when a decision has been made to undertake a procedure or administer blood or blood product to a patient who is unable to provide consent or for whom there is not legal representative.

Consent Validity

Consent for transfusion remains valid for the procedure or course of current treatment if risks and benefits do not change.

- If the patient's condition or the treatment/procedure changes, a new consent must be obtained
- Transfusion for an unrelated condition requires a separate consent

Consent for regular therapeutic procedures or community base patients should have an expiry date to ensure regular patient review of their health status and prescription needs e.g. six months.

Refusal

Patients who do not wish to have blood components or blood products administered should be treated according to their own beliefs. Reasons may be end-of-life management plans or faith-based decisions.

Managing refusal of transfusion therapy should include detailed conversation with the patient to

- Identify the reason for refusal
- Discuss the blood components, products and procedures that are available for use and identify those which are acceptable or unacceptable to the patient
- Clarify the patient's expectations and answer any questions
- An individual management plan should be agreed upon
- by the patient and
- senior Medical Officer(s) responsible for providing care for the patient, and
- prior to treatment commencing

Refusal of consent for transfusion or treatment-limiting orders must be documented in the patient's clinical notes with both the acceptable and unacceptable products for transfusion should be clearly documented.

Advanced Directives are valid when

- A person is deemed competent
- Anticipated and intended his or her decision to apply to the prevailing circumstances
- Has been sufficiently informed to make the decision; and
- Reached their decision without undue influence or coercion

Person legal entitled to sign on a person's behalf

A welfare guardian or an Enduring Power of Attorney (EPOA) for personal care and welfare can consent on behalf of an incompetent adult

Jehovah's Witness

http://www.jw.org

CDHB Haematology Red Book

CDHB Hospital Liaison Officers are available to support both patients and healthcare professionals within the current legal framework. Management of patients who refuse blood transfusions including Jehovah's Witnesses' is available from the NZBS/CDHB Transfusion Nurse Specialist (81620).

Supporting Material

Informed Consent Policy Ref: 2400626

Agreement to Medical Treatment Consent Ref: 2401295

Consent to Treatment by Operation / Procedure Ref: 2400726

Anti-D Injection Consent Ref: 2402585

Caring for Patients who Decline Blood Products Policy Ref: 2402957

NZBS 111F131	Consent for use of Blood Products	
NZBS 111i011	Leaflet – Fresh Blood Components *(also available in Chinese, French, Korean, Samoan and Te Reo)*	(Oracle code 264337)
NZBS 111i004	Leaflet - Anti-D Immunoglobulin	(Oracle code 183951)
NZBS 111i014	Leaflet - Blood Coagulation Factor Concentrates	(Oracle code 183953)
NZBS 111i012	Leaflet - Albumex®4 and Albumex®20	(Oracle code 183965)
NZBS 111i010	Leaflet – Immunoglobulin Products	(Oracle code 183964)

Prescribing

Blood components and fractionated blood products are prescription medicines, regulated under The Medicine Act 1981

The prescription must be available to check at the patient's side when the transfusion is administered and must form part of the pre-transfusion verification checks.

The prescription must be retained within the patient's healthcare record when transfusion is complete.

Decision to Transfuse

The decision to transfuse and consideration of other blood management strategies must be based on thorough clinical assessment of the patient and the person's individual needs.

The decision to transfuse should be based on the National Blood Authority 'Patient Blood Management Guidelines' approved by the Australian National Health and Medical Research Council. The development of these guidelines has been assisted by members of ANZSBT and endorsed by NZBS.

The patient's haemoglobin level, although important, should not be the sole deciding factor in deciding whether to transfuse red blood cells.

The prescriber is responsible for ensuring that -

- the transfusion is clinically appropriate
- patient risk factors have been identification and assessed
- the patient's known allergies, history of adverse drug reactions and previous transfusion reactions have been considered.
- the rationale for transfusion / infusion and any special requirements are documented in the patient clinical notes prior to prescribing.

Procedure

Consider whether a pre-transfusion blood sample is required – check laboratory results for a valid sample and result.

Prescriptions must be legible and appropriate

- **SC or IM blood products are prescribed as a STAT medication**
- **All blood components and IV blood products are prescribed on the Fluid Medication Chart**

All prescriptions must contain

- correct patient identification either handwritten or use of a patient adhesive label with surname and given names of the patient, gender, DOB, and NHI.
- Date, time and urgency of the transfusion
- The number of units or dose of blood product to be given, using appropriate units of measure (volume in mLs, units or weight in grams).

- Neonates or children less than 20kg need blood component volumes stated in mLs.
- Rate or duration of transfusion
- Route of administration
- any special requirements, if applicable
    - the blood component(s) need to be irradiated
    - a pre-medication is indicated
    - a diuretic is required pre or post transfusion, or both
- Signature and surname or MCNZ number of the prescriber against each prescription line.
- The prescriber should also identify themselves in the sample signature section of the prescribing chart.

Blood Products

Blood product dosing is based on **patient weight**.

- Document the patient's actual or estimated weight in patient clinical notes. The weight should also be documented when requesting approval for blood products and on the prescription.

Pharmaceutical Drug Names

Prescriptions for blood products must use consistent terminology avoiding acronyms that may be ambiguous or misleading. This mitigates the risks associated with blood products that are not interchangeable –

- IVIg must be charted as either Intragam®P (6g/100mL) or Privigen® (10g/100mL)
- Biostate® (plasma derived) is not the same as Recombinate® (recombinant product issued from Pharmacy)

Supporting Material

8-day Chart National Medication Chart *(ICU and some rural areas)*

Day Stay Chart *(ED, CWH, Gastroenterology, some Outpatient & rural areas)* (Oracle code 308772)

Community Chart National Medication Chart *(Ward areas)* (Oracle code 308773)

Day Stay Chart National Medication Chart *(most Outpatient areas)* (Oracle code 290041)

Oxygen and Infusion Chart Ref: 2401442

Issue of Blood Components and Blood Products

If a QMR022a / QMR022b form is scanned to Blood Bank, a copy of the form will be returned to the requesting area with the required blood component and/or fractionated product.

The copied form supersedes the original form and any clinical documentation and signatures MUST NOT be transcribed onto the original form.

Requesting Blood

An authorised healthcare professional completes the relevant QMR022a or QMR022b form(s) requesting issue of red blood cells, blood plasma components or blood products, and sends these to Blood Bank either in person, e-scanned to pre-programmed ext. 80159 (ChristchurchBBeFax@nzblood.co.nz) or via the Lamson tube system.

Details required on the form are

- full patient ID label or handwritten details from the prescription
- date required
- who is requesting the blood
- blood component or product required
- dose (based on patient weight) for fractionated blood products
- specific location of the patient

DO NOT send the completed QMR022a and/or QMR022b forms to Blood Bank to request issue of blood components or products until you are ready to transfuse / infuse.

To prepare to transfuse you must have –

- a valid consent signed by the consenter and consentee
- a complete prescription (+/- approval for blood products - Ref: 2408296)
- a patent IV leur
- the correct equipment
- a second checker available

Lamson System

The Lamson tube system can be used for requesting and receiving single blood component units ie. red blood cells, fresh frozen plasma, cryoprecipitate and platelets or Rh(D) and other IM immunoglobulin blood products.

The Lamson tube system must not be used for

- multiple blood components
- blood products (glass bottles > 100mLs)
- special red cell units
- granulocytes
- return of spiked blood components

Runners

Blood components, blood products and fractionated products can be collected from Blood Bank by any member of staff acting as a runner for the requesting area.

Urgent requests for blood at Christchurch Public, Waipapa and Christchurch Women's Hospital sites, can be requested via e-scan ChristchurchBBeFax@nzblood.co.nz (pre-programmed ext. 80159). "Initiate the MTP" to page a runner to go directly to Blood Bank.

For any emergency situation, consider activating the **Massive Transfusion Protocol** (Ref: 2405559) which provides a dedicated Orderly or Operating Theatre Assistant (OTA) to transport blood components

Transport of emergency O negative blood within the hospital must be by Orderlies or a designated runner

Supporting Material

QMR022A CDHB Resuspended Red Cells Transfusion Sheet Ref: 2401690

QMR022B CDHB Blood and Blood Product Transfusion Sheet Ref: 2403338

Blood Protocol - Components Ref: 2408293

Blood Protocol - Products Ref: 2408296

Massive Transfusion Protocol Ref: 2405559

Bone, Tissue & Skin

Human bone and tissue do not require a prescription as they are not classified as a medicine and not used directly by medical personnel.

Femoral Head Allogeneic bone

Femoral heads for donation are collected by Burwood and Southern Cross Hospital Orthopaedic Services and stored by NZBS for national use. Dedicated NZBS tissue collection kits are issued to theatres for this purpose. A bone chip is provided separate to the femoral head for NZBS microbiology testing. NZBS Christchurch test and quarantine the bone prior to releasing it for issue back to clinical services.

Consent

Any patient who may receive allogeneic bone intraoperatively must be fully informed, agree and complete a consent form prior to grafting. Patient information leaflets are available from the Transfusion Nurse Specialist (81620).

Request for Bone

Bone for grafting is requested via the NZBS Tissue Bank Request form (NZBS 180F020) available from the NZ Blood Service.

Procedure

A two-person check must occur on receipt to identify the correct bone issued to the correct patient.

Ensure the bone swing label(s) are retained within the patient clinical notes for auditing purposes. Documentation must include a signature and date and time of use.

If an RhD negative patient received RhD positive bone, RhD immunoglobulin 625 IU should be offered.

Autologous Cranial Bone Flaps (ACBF)

Cranial bone flaps may be removed during neurosurgery.

NZBS provides dedicated tissue collection kits for this purpose. A bone chip is provided separate to the cranial bone flap for NZBS microbiology testing. Both the bone chip and bone flap are sent immediately to NZBS Christchurch with form NZBS 180F036 Request and Consent for Autologous Tissue Collection and Storage.

NZBS Christchurch test and store the bone flap in appropriate refrigeration until requested for return on NZBS Tissue Bank form (NZBS 180F020).

Consent

In an emergency where consent is unable to be obtained prior to surgery, a copy of NZBS form 180F036 is forwarded to the Transfusion Nurse Specialist to follow up on the disposal wishes if an autologous tissue donation is not needed or unsuitable for re-implantation. NZBS will act on this

consent to either dispose of the bone by cremation or return it to the patient, next of kin or family representative.

A patient may change their mind at any time by notifying the Transfusion Nurse Specialist (021 577 532)

A copy of this consent will be placed in the patient's clinical notes.

Allogeneic Skin

Human skin allografts are supplied in individual sealed double plastic bags designed to maintain integrity during shipping.

Each pack contains three documents

- Tracking form used by Hospital staff
- Package insert
- Fanfold labels (graft specific)

Documentation Procedure

The tracking form is used by hospital staff. Affix graft-specific labels from the skin package to form.

Complete all the patient information.

Retain page one in the patient's clinical notes. Return page two to NZBS Tissue Bank.

Supporting Material

The following leaflets are available from the Transfusion Nurse Specialist (81620 or email Susan.Mercer@cdhb.health.nz)

NZBS 111i102	Leaflet - Information Sheet for patients receiving cryopreserved Human Skin
NZBS 111i204	Leaflet – What happens to your Cranial Bone Flap?
NZBS 111i129	Leaflet – Returning your tissue donation
NZBS 180F065	Theatre Checklist for Tissue Collection (Medfor)
NZBS 180F072	Theatre Checklist for collection Autologous Cranial Bone Flap (Medfor)
NZBS 180F036	Request and Consent for Autologous Tissue Collection and Storage
NZBS 132F005	Request for Tissue Typing: Diagnostic Testing
NZBS 132F007	Request for Tissue Typing: Monthly Serum Sample
NZBS 132F015	Request for Tissue Typing: Solid Organ Recipient Testing
NZBS 132F016	Request for Tissue Typing: Solid Organ Donor Testing – Potential Live Kidney Organ
NZBS 132F017	Request for Tissue Typing: Bone Marrow Transplant Patient Testing
NZBS 132F018	Request for Tissue Typing: Bone Marrow Transplant Donor Testing

Policy Measurement

CDHB transfusion guidelines are compliant with both the Australia and NZ Society of Blood Transfusion (ANZSBT) and New Zealand Blood Service (NZBS) recommendations.

NZBS DHB Clinical Oversight Programme (Audit) audits for documented evidence that:

- Blood components/products have been administered by a nurse or clinician with the appropriate training and certification to do so.
- Prescriptions are present, accurate and correctly completed
- Informed consent has been provided
- Adequate Record of Transfusion is retained in patient clinical notes for traceability that a blood component / product / bone or tissue was used in the clinical setting. This includes the presence of the issued swing label, documented start and finish times and double independent check signatures evidencing patient ID and component / product / bone, or tissue checks have been completed prior to use.
- Policies and procedures related to valid informed consent, prescribing, transfusion administration support safe transfusion practice

References

ANZSBT (2019). Guidelines for the Administration of Blood Products. https://anzsbt.org.au/wp-content/uploads/2019/10/ANZSBT-Administration-Guidelines-Revised-3rd-edition-Publication-Version-20191002.pdf

NZ Blood Service Resource Folder (located on the Intranet - PRISM/Resources) or https://www.clinicaldata.nzblood.co.nz/resourcefolder/index.php?dhbid=2

NZBS 111G122 Transfusion Medicine Handbook (available from Transfusion Nurse Specialist) or online https://www.nzblood.co.nz/clinical-information/transfusion-medicine-handbook

National Blood Authority (2013). Patient Blood Management Guidelines https://www.blood.gov.au/pbm-guidelines

Hospital Health Pathways. Blood Service Requests

Lippincott Procedures. Blood Component and Fractionated Blood Product Transfusion.

Medicines (Designated Prescriber: Nurse Practitioners) Regulations 2005

Nursing Council of New Zealand (2012). Competencies for Nurse Practitioner scope of practice

Nursing Council of New Zealand (2016). Competencies for Registered Nurses

Nursing Council of New Zealand (2012). Competencies for Enrolled Nurses

NZ College of Midwives Standards of Practice (2006)

SHOT (2012, 2014 and 2019). www.shotuk.org

The Medicine Act 1981, Medicines Regulations 1984