Transfusion Training Guide

DRAWN TOGETHER
SINCE 1951

Laboratory Contact

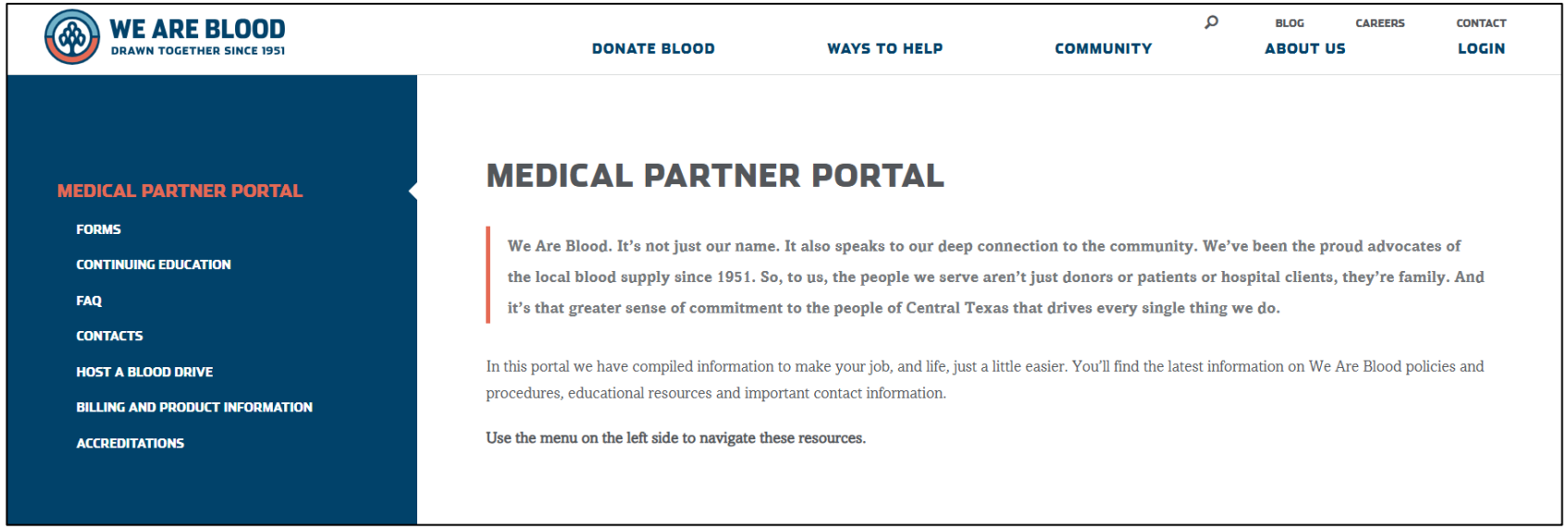
Staffed 24/7
Please call with any questions

Phone: 512-206-1226
Fax: 512-206-1363

Medical Partner Portal Login

To access training materials, forms and more, visit:
Medical Partner Portal: https://weareblood.org/hospital-client-portal/

Password: **Wesavelives!**



Sample Collection Overview

Transfusing Facility Responsibility:

- Collect and properly label blood samples for testing
- *Samples should only be collected by individuals who have completed appropriate training required by your facility*

Packets Provided by We Are Blood Include:

- Blood Bank Armband
- Request Form
- Biohazard Bag
- Sample tubes

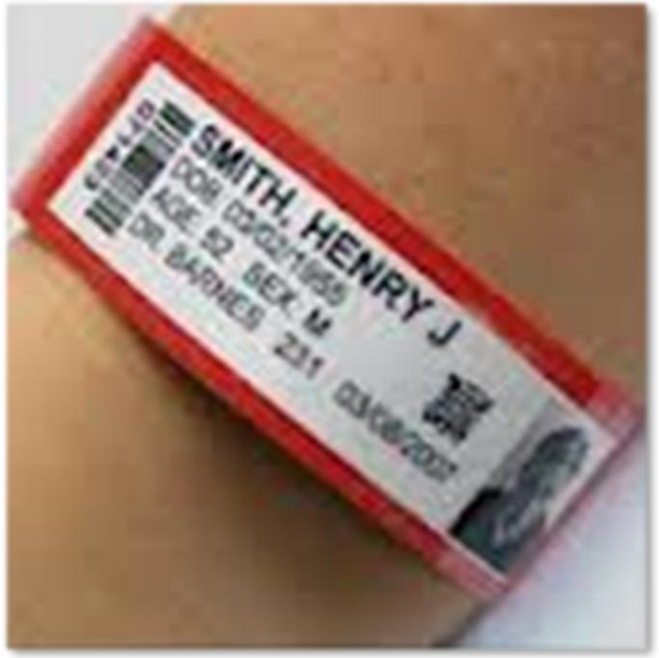
Sample Collection Job Aid

Information sheet for Transfusion Facilities (J.057)

- Located in the **Blood Center Information Binder** and on the **Medical Partner Portal** located on our website

- Contains detailed information about:
  - Sample collection
  - Product orders
  - Product issue
  - Transfusion requirements
  - Suspected transfusion reactions
  - Emergency release of blood products

Patient Identification



Proper Patient Identification

- The most important step in collecting a sample for a type and screen/crossmatch

Verify patient's identity by asking patient to state:

- First and Last Name
- Date of Birth
- Follow all additional patient identification protocols required by your facility

Prepare the Armband

Label the Blood Bank Armband:

- Use a pre-printed patient label
- Video Tutorial:
  - https://www.typenex.com/products/blood-bands/barcode-blood-bands/barcode-plus-label/
    (click Video in the middle of the page)

Required information (must be legible):

- Patient's First and Last Name
- Medical Record Number
- Collection Date & Time
- Phlebotomist's Initials

Apply the Armband

Directions For Use:

- Wrap the band tail around the patient’s arm to size
- Snap the button closure to secure

Collect Primary Samples

Primary Samples: Collect two (x2) 6mL EDTA samples

Label each tube with a patient label that includes:

1. Patient's First and Last Name
2. Medical Record Number
3. **Blood Bank Armband Number** (place a barcode sticker from the tail of the band on **each** tube collected)
4. **Collection Date** (*handwritten unless pre-printed label displays the current date*)
5. **Collection Time** *(handwritten)*
6. **Initials** of the person collecting the specimens (*handwritten*)

Anything that is illegible or missing will require sample re-collection!

Collect Secondary Sample

Secondary Sample: Collect one (x1) 3mL EDTA sample at a different time

- Collected for patient safety - to verify the patient's blood type prior to transfusion
- This second sample must be collected at a different time than the original samples

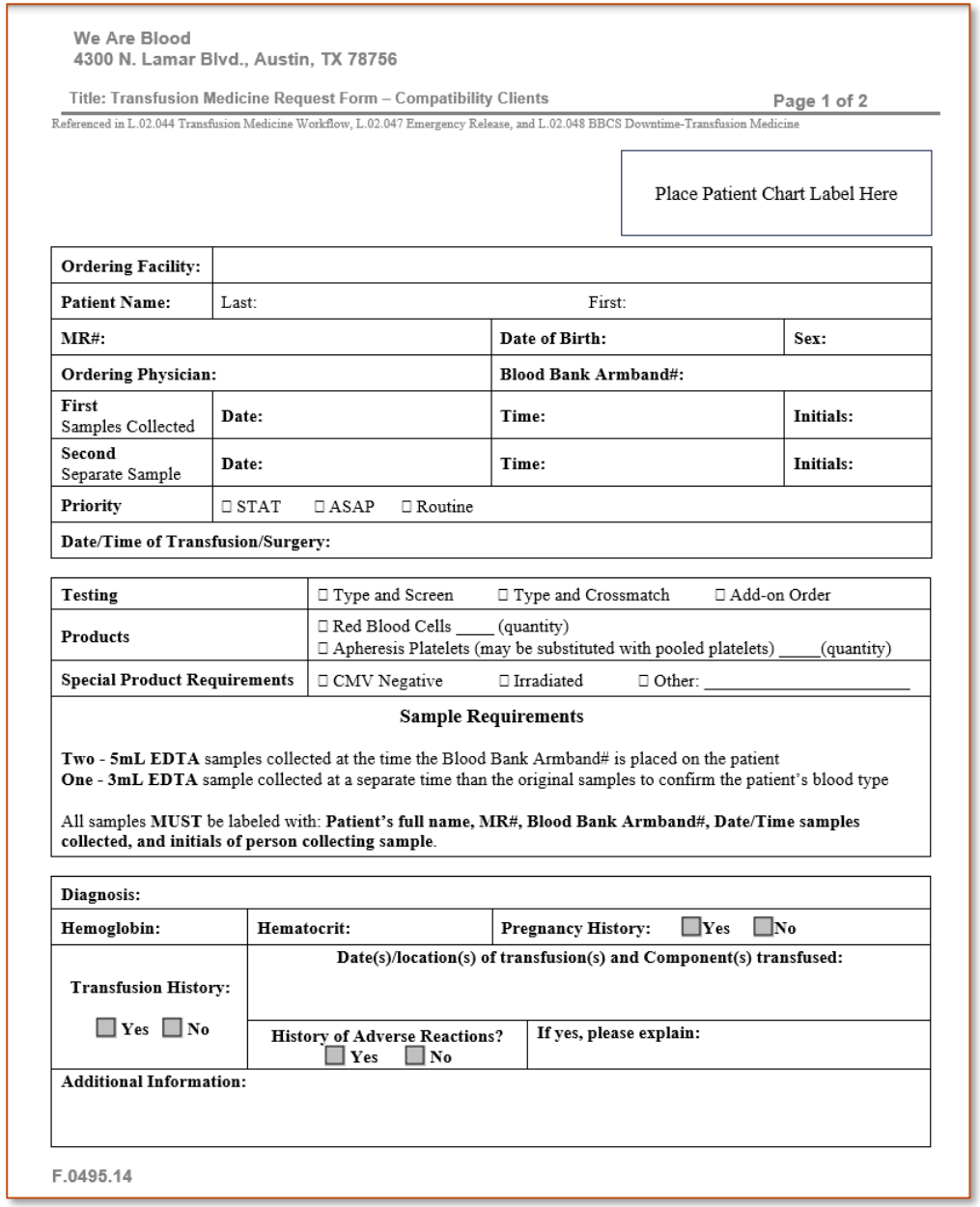
Label the tube with a patient label with:

1. Patient's First and Last Name
2. Medical Record Number
3. **Blood Bank Armband Number** (place a barcode sticker from the tail of the band on **each** tube collected)
4. **Collection Date** (*handwritten unless pre-printed label displays current date*)
5. **Collection Time** *(handwritten)*
6. **Initials** of the person collecting the specimens (*handwritten*)

Complete Request Form

Transfusion Medicine Request Form (F.0495)

- Place a patient chart label in the designated space
- Complete all boxes on Page 1
- Note any special transfusion needs (CMV=, irradiated, etc)
- Provide patient's blood transfusion history, pregnancy history, and any known information about antibodies
  - *If this information is not readily available, please ask the patient or their relative as it is vital for transfusion safety*
- Ensure info on Request Form (F.0495) request matches **sample tubes**



We Are Blood
4300 N. Lamar Blvd., Austin, TX 78756

Title: Transfusion Medicine Request Form – Compatibility Clients Page 1 of 2

Referenced in L.02.044 Transfusion Medicine Workflow, L.02.047 Emergency Release, and L.02.048 BBCS Downtime-Transfusion Medicine

Place Patient Chart Label Here

Ordering Facility:			
Patient Name:	Last:	First:	
MR#:		**Date of Birth:**	**Sex:**
Ordering Physician:		**Blood Bank Armband#:**	
First Samples Collected	**Date:**	**Time:**	**Initials:**
Second Separate Sample	**Date:**	**Time:**	**Initials:**
Priority	☐ STAT ☐ ASAP ☐ Routine		
Date/Time of Transfusion/Surgery:			

Testing	☐ Type and Screen ☐ Type and Crossmatch ☐ Add-on Order
Products	☐ Red Blood Cells ____ (quantity) ☐ Apheresis Platelets (may be substituted with pooled platelets) ____(quantity)
Special Product Requirements	☐ CMV Negative ☐ Irradiated ☐ Other: _____

Sample Requirements

Two - 5mL EDTA samples collected at the time the Blood Bank Armband# is placed on the patient
One - 3mL EDTA sample collected at a separate time than the original samples to confirm the patient's blood type

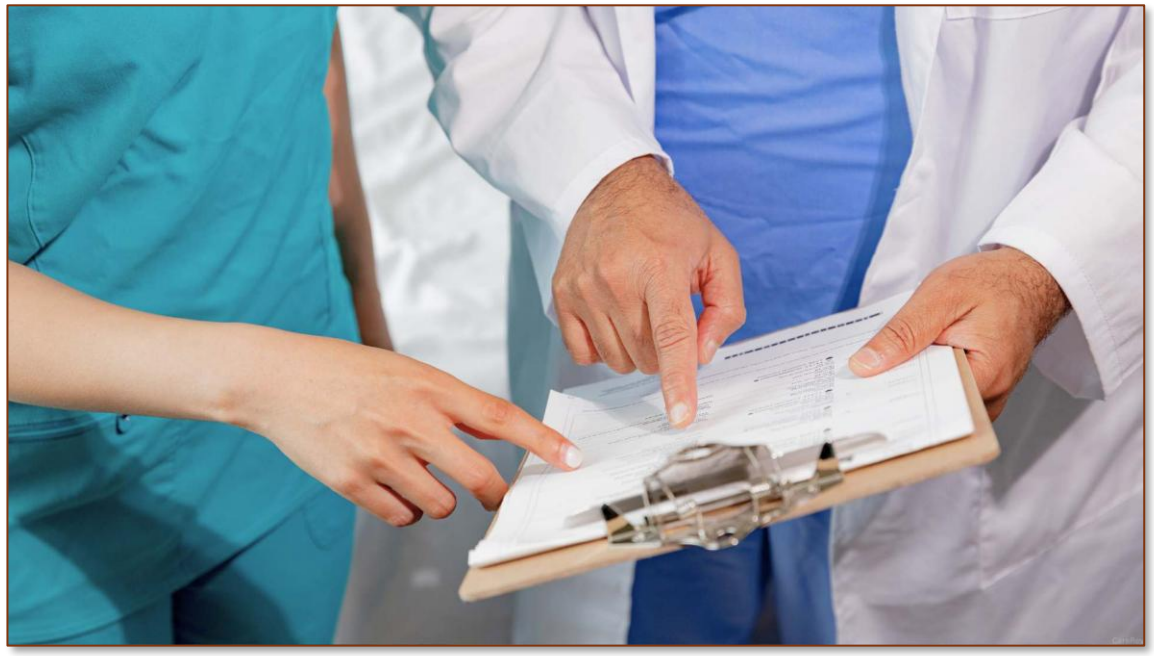
All samples **MUST** be labeled with: **Patient's full name, MR#, Blood Bank Armband#, Date/Time samples collected, and initials of person collecting sample**.

Diagnosis:		
Hemoglobin:	**Hematocrit:**	**Pregnancy History:** ☐ Yes ☐ No
Transfusion History: ☐ Yes ☐ No	**Date(s)/location(s) of transfusion(s) and Component(s) transfused:**	
	History of Adverse Reactions? ☐ Yes ☐ No	**If yes, please explain:**
Additional Information:		

F.0495.14

Verify Accuracy

Prior to Sending Samples to We Are Blood



Review **sample labeling**, the **patient's armband** and **request form** to ensure all information is accurate and in agreement.

We recommend a second independent review prior to sending samples to We Are Blood.

Send Samples to We Are Blood

Delivery to WrB:

- Your facility's courier may be used
- We Are Blood can pick them up upon request

When samples arrive at We Are Blood:

- The laboratory staff will verify the samples match the request form
  - Labeling error on **Request Form:** can be corrected
  - Labeling error on **Sample Tubes:** re-collect of samples required

Add-On Orders

Are they wearing the original Blood Bank Armband?

In-Date Sample (samples are acceptable for use for 3 days):

1. If patient is **wearing the original Blood Bank Armband and has an in-date sample at We Are Blood**, product orders may be added on to original order
2. Complete a **new Request Form** (F.0495) using the information from patient's Blood Bank Armband
3. Check the box "Add-On Order" on the request form

Testing	☐ Type and Screen ☐ Type and Crossmatch	☐ Add-on Order
Products	☐ Red Blood Cells ____ (quantity) ☐ Apheresis Platelets (may be substituted with pooled platelets) ____(quantity)	
Special Product Requirements	☐ CMV Negative ☐ Irradiated ☐ Other: _____	

4. Indicate the type and quantity of products needed, priority, and any special requirements
5. Fax to the We Are Blood Laboratory and **call the Laboratory to notify of Add-On order**

Expired Sample (older than 3 days):

- New samples and request form must be submitted to We Are Blood to receive blood products

Product Issue

Product Issue Protocol **NEW**

- When you are ready for the delivery of blood product(s), call We Are Blood Laboratory to verify the Positive Patient Identification
- **Be prepared to verbally provide the following information from the patient's Blood Bank Armband at bedside**:
  - Patient First and Last Name
  - Medical Record Number
  - Blood Bank Armband Number

If the patient is not wearing the Blood Bank Armband at time of anticipated transfusion or a discrepancy is identified in the patient identification, new samples will need to be re-collected and a new crossmatch will be performed.

Product Issue

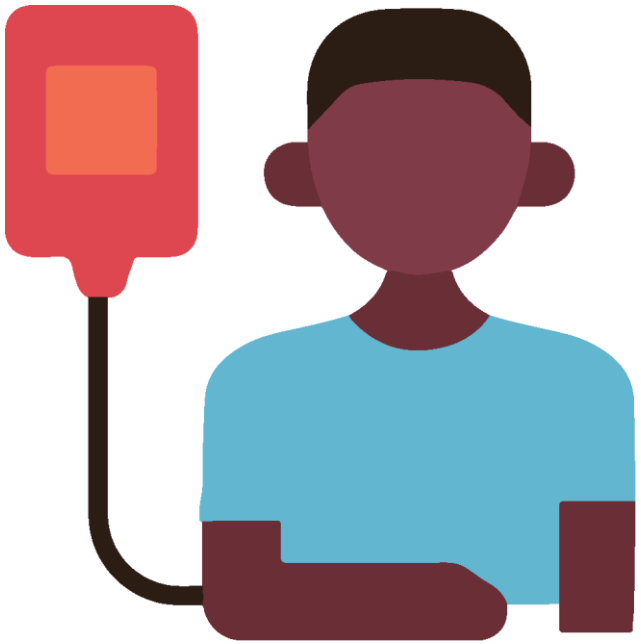
Product Delivery

- Products may be picked up from We Are Blood by your facility's courier or delivered by our staff
- Once products are released to your facility, they *cannot* be returned

Receipt of Product(s)

- Product(s) are packed in validated cooler and may remain in the cooler for up to **6 hours**
  - *A note on cooler will indicate time when product(s) should be removed from cooler*
- You will have **4 hours** to complete transfusion from time products were removed from the cooler

Transfusion



Patient Consent

- Required prior to transfusion
- Includes description of risks, benefits and treatment alternatives (including non-treatment)
- Gives the patient opportunity to ask questions
- Gives the patient right to accept or refuse transfusion
- Must be documented in the patient's medical record

Transfusion

Verify the following information in the presence of recipient with one other individual immediately before transfusion to match blood product with intended recipient:

- ❑ Intended recipient's identification
  - ➢ First and Last Name
  - ➢ Medical Record Number
  - ➢ Blood Bank Armband Number
- ❑ Intended recipient's ABO/Rh
- ❑ Blood Unit Number (Donation identification number)
- ❑ Donor ABO/Rh
- ❑ Crossmatch interpretation (compatible or incompatible)
- ❑ Special transfusion requirements have been met (irradiated, CMV-, etc)
- ❑ Product expiration date (ensure the product is not expired)

This information must be verified with the Blood Bank Armband *attached* to patient, not from the patient's medical record/chart

- If patient is not wearing the Blood Bank Armband at time of anticipated transfusion, call We Are Blood Laboratory immediately

Transfusion

Perform and monitor the transfusion per your facility's policy

Regulatory Requirements (AABB Standards) state:

- All identification attached to the container shall remain attached until the transfusion has been terminated
- The patient shall be monitored for potential adverse events during the transfusion and for an appropriate time after transfusion
- Specific written instructions concerning possible adverse events, including emergency medical care contacts, shall be provided to the patient or a responsible caregiver when direct medical observation or monitoring of the patient will not be available after transfusion
- Blood and blood components shall be transfused through a sterile, pyrogen-free transfusion set that has a filter designed to retain particles potentially harmful to the recipient
- With the exception of 0.9% sodium chloride (USP), drugs or medications shall not be added to blood or blood components unless:
  - Approved for this use by the FDA, or
  - There is documentation available to show that the addition is safe and does not adversely affect the blood or blood component

Transfusion Documentation

Include in the Patient's Medical Record:

- Transfusion order
- Patient consent
- Name of component
- Blood Unit Number (Donation identification number)
- Donor ABO/Rh type
- Date & Time of transfusion
- Vital signs taken at facility-defined intervals including before, during, and after transfusion
- Amount transfused
- Transfusionist ID
- Any transfusion-related adverse events

Suspected Transfusion Reactions

Categories of Transfusion Reactions:

- Febrile (fever and/or chills)
- Allergic (mild urticaria, itching, flushing)
- Severe allergic (blood pressure changes, asthma, edema, nausea/vomiting, diarrhea)
- Hemolytic (fever, chills, chest/flank pain, hypotension, nausea/vomiting, flushing, dyspnea, hemoglobinuria, DIC, oliguria, pain at needle site, shock, generalized bleeding)

Suspected Transfusion Reactions

If you suspect a transfusion reaction:

- **Stop transfusion immediately,** but keep IV open
- Re-check bedside verification
- Notify the ordering physician STAT
- Notify We Are Blood Laboratory (512-206-1226)

Suspected Transfusion Reactions

If physician requests transfusion reaction investigation:

- Notify We Are Blood Laboratory who will guide you through the process
- Prepare ASAP:
  - Complete a Suspected Transfusion Reaction Investigation Form (F.0662)
  - **Remove all needles** and Place the Component (Product) bag and all attached solutions in a biohazard bag
  - Collect Post-Reaction Samples:
    - A plain red top tube (no serum separator)
    - Properly labeled EDTA tube with original Blood Bank Armband Number
    - Label tubes “post-reaction”
- We Are Blood laboratory will perform a STAT investigation and notify your facility of testing results
- **DO NOT** transfuse additional blood products without instruction from We Are Blood laboratory
  - Medical Director review and approval of the investigation is required for subsequent transfusions

Emergency Release of Blood Products

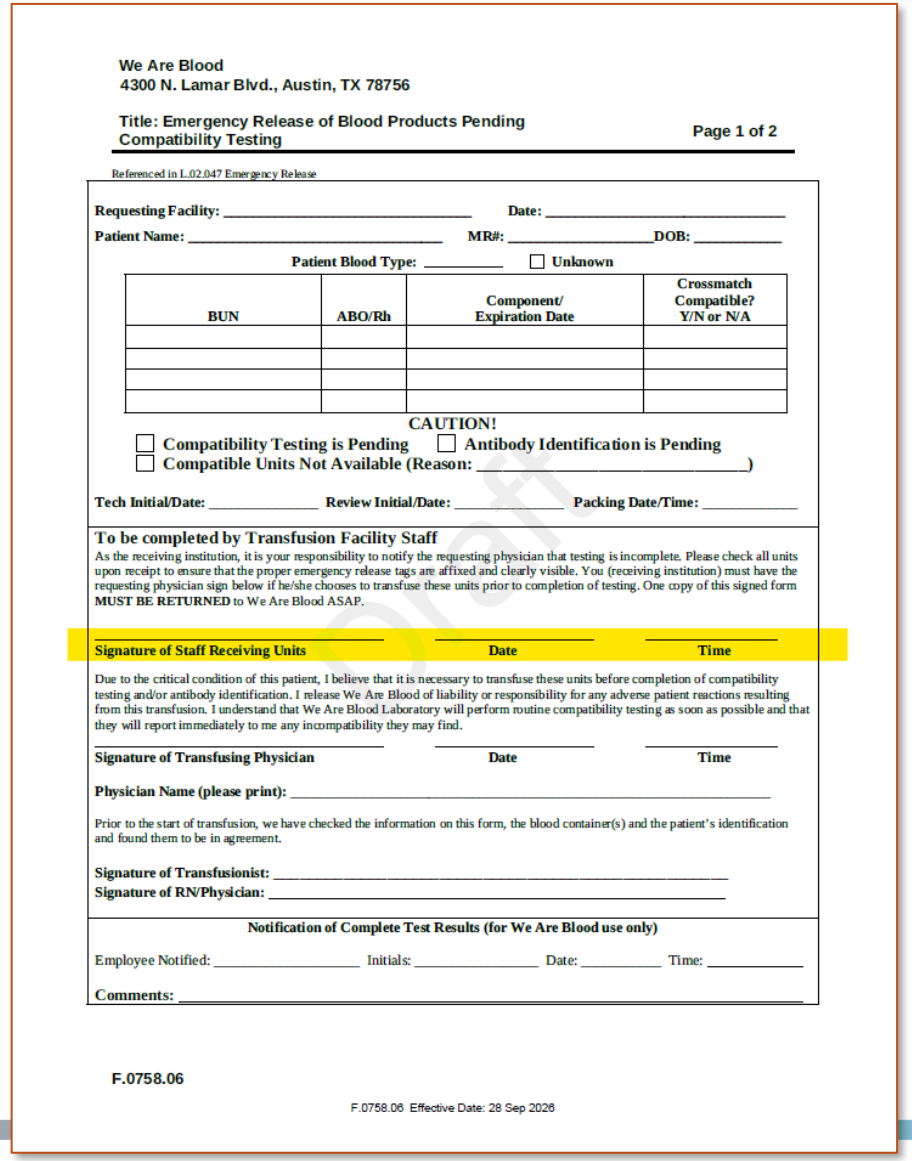
If blood is needed emergently:

1. Call We Are Blood Laboratory (512-206-1226) with:
   - ***Patient's First and Last Name***
   - ***Requesting Physician*** (required to sign for transfusion of un-crossmatched units)
2. Collect samples according to Sample Collection Protocol
3. Fill out a Request Form (F.0495)
4. Samples will be picked up at the time the un-crossmatched products are delivered

Emergency Release of Blood Products

Each un-crossmatched unit will have an associated Emergency Release Form to be signed by employee receiving uncrossmatched products

Employee receiving the un-crossmatched products must sign here



We Are Blood
4300 N. Lamar Blvd., Austin, TX 78756

Title: Emergency Release of Blood Products Pending Compatibility Testing

Page 1 of 2

Referenced in L.02.047 Emergency Release

Requesting Facility: _____ Date: _____

Patient Name: _____ MR#: _____ DOB: _____

Patient Blood Type: _____ ☐ Unknown

BUN	ABO/Rh	Component/ Expiration Date	Crossmatch Compatible? Y/N or N/A

CAUTION!

☐ Compatibility Testing is Pending ☐ Antibody Identification is Pending
☐ Compatible Units Not Available (Reason: _____)

Tech Initial/Date: _____ Review Initial/Date: _____ Packing Date/Time: _____

To be completed by Transfusion Facility Staff

As the receiving institution, it is your responsibility to notify the requesting physician that testing is incomplete. Please check all units upon receipt to ensure that the proper emergency release tags are affixed and clearly visible. You (receiving institution) must have the requesting physician sign below if he/she chooses to transfuse these units prior to completion of testing. One copy of this signed form **MUST BE RETURNED** to We Are Blood ASAP.

_____ _____ _____
Signature of Staff Receiving Units Date Time

Due to the critical condition of this patient, I believe that it is necessary to transfuse these units before completion of compatibility testing and/or antibody identification. I release We Are Blood of liability or responsibility for any adverse patient reactions resulting from this transfusion. I understand that We Are Blood Laboratory will perform routine compatibility testing as soon as possible and that they will report immediately to me any incompatibility they may find.

_____ _____ _____
Signature of Transfusing Physician Date Time

Physician Name (please print): _____

Prior to the start of transfusion, we have checked the information on this form, the blood container(s) and the patient's identification and found them to be in agreement.

Signature of Transfusionist: _____
Signature of RN/Physician: _____

Notification of Complete Test Results (for We Are Blood use only)

Employee Notified: _____ Initials: _____ Date: _____ Time: _____

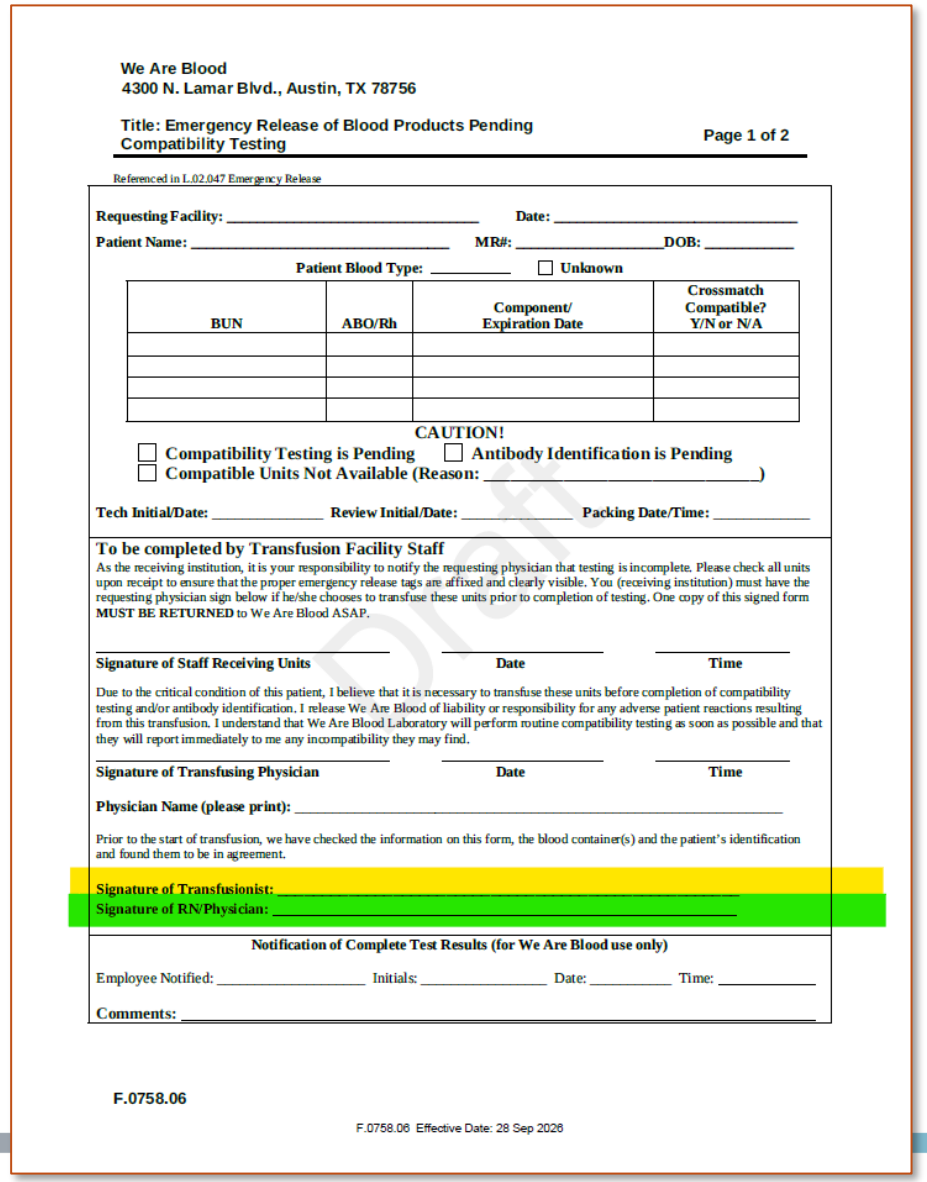
Comments: _____

F.0758.06

F.0758.06 Effective Date: 28 Sep 2026

Emergency Release of Blood Products

The transfusionist and one other individual must verify the patient identification information and sign here



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Patient Blood Type: _____ ☐ Unknown

BUN	ABO/Rh	Component/ Expiration Date	Crossmatch Compatible? Y/N or N/A

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_____ _____ _____

Signature of Staff Receiving Units | Date | Time

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_____ _____ _____

Signature of Transfusing Physician | Date | Time

Physician Name (please print): _____

Prior to the start of transfusion, we have checked the information on this form, the blood container(s) and the patient's identification and found them to be in agreement.

Signature of Transfusionist: _____

Signature of RN/Physician: _____

Notification of Complete Test Results (for We Are Blood use only)

Employee Notified: _____ Initials: _____ Date: _____ Time: _____

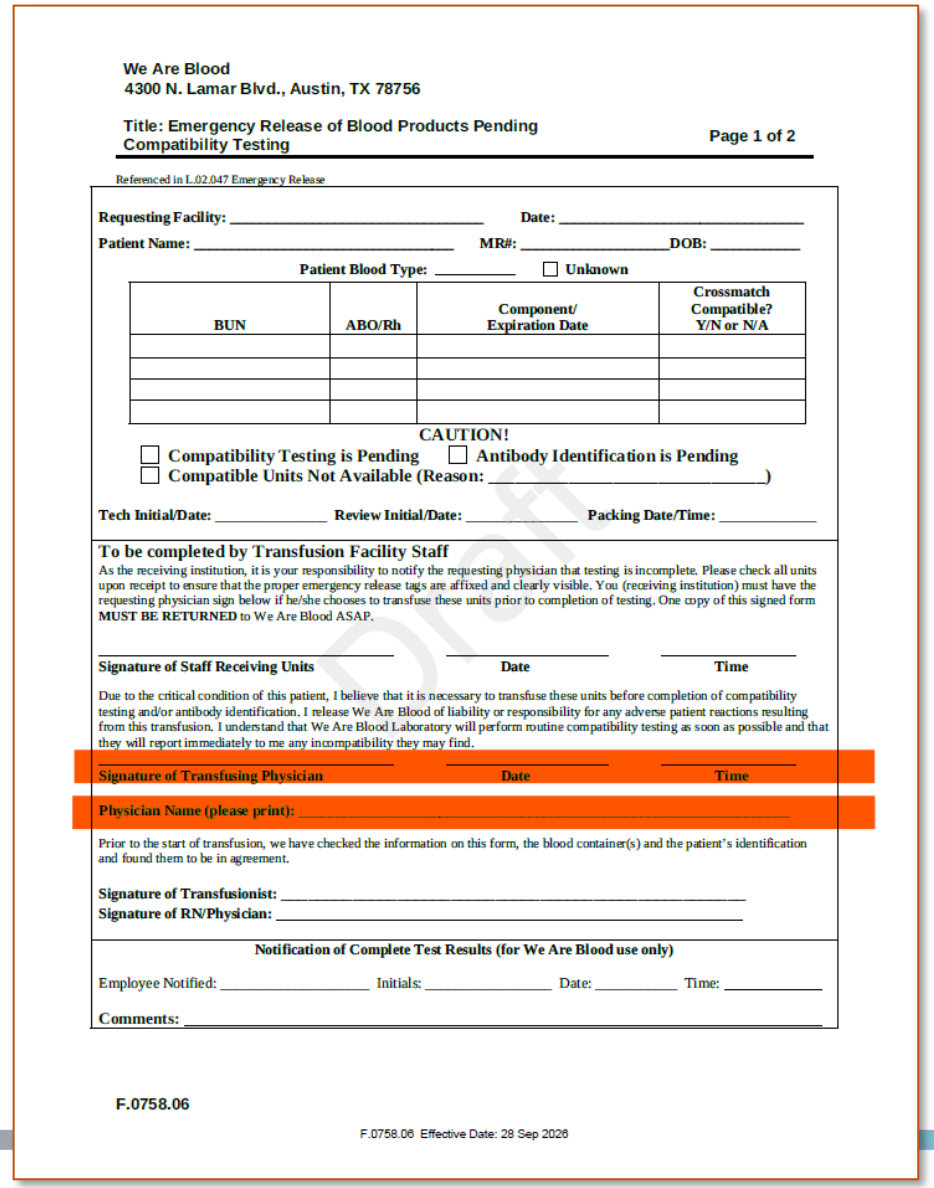
Comments: _____

F.0758.06

F.0758.06 Effective Date: 28 Sep 2026

Emergency Release of Blood Products

The Physician must sign the Emergency Release form acknowledging responsibility for the transfusion



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Patient Blood Type: _____ ☐ Unknown

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_____ _____ _____
Signature of Transfusing Physician | Date | Time

Physician Name (please print): _____

Prior to the start of transfusion, we have checked the information on this form, the blood container(s) and the patient's identification and found them to be in agreement.

Signature of Transfusionist: _____
Signature of RN/Physician: _____

Notification of Complete Test Results (for We Are Blood use only)

Employee Notified: _____ Initials: _____ Date: _____ Time: _____

Comments: _____

F.0758.06

F.0758.06 Effective Date: 28 Sep 2026

Emergency Release of Blood Products

- Fax completed **Emergency Release Form(s)** to We Are Blood Laboratory ASAP (512-206-1363)
- Testing will be performed STAT and results will be called to your facility

If the emergent situation continues, transport the patient to the nearest hospital as We Are Blood cannot support transfusion requirements of an ongoing nature

Emergency Release of Blood Products

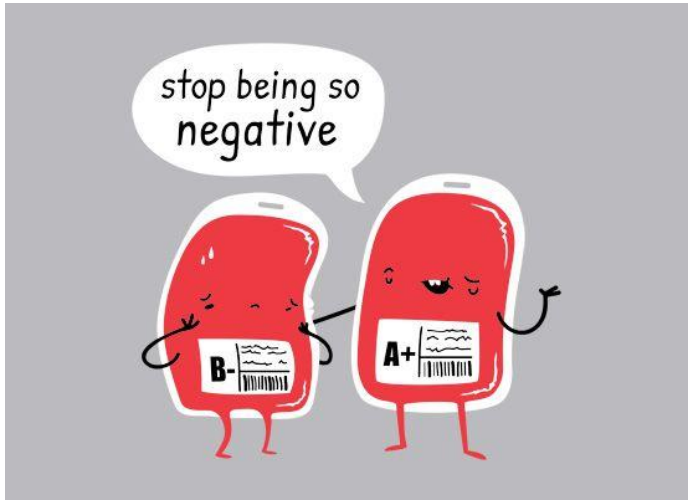
Emergency preparedness is important

Emergency release drills can be coordinated with We Are Blood

Compatibility Client Quiz

Thank you for reviewing this material
and for your partnership in patient safety!

Please complete this quiz to document your training:
https://forms.office.com/r/27wG7sEQfc



Thank You

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