Austin Health

CLINICAL PROCEDURE

ACCESSING BLOOD FROM THE AUSTIN OPERATING SUITE (AOS) REMOTE BLOOD FRIDGE

Staff this document applies to:

Registered Nurses; Enrolled Nurses – Medication Qualified, and Medical Staff.

An Enrolled Nurse – Medication Qualified is an EN who holds a Nursing and Midwifery Board of Australia (NMBA) approved qualification in administration of medicines. To participate in patient care and administration of blood or blood products, the Enrolled Nurse must have successfully completed the relevant Medication Qualified (IV) education and the BloodSafe Clinical Transfusion Practice (CTP) e-learning package.

State any related Austin Health policies, procedures or guidelines:

Requesting Blood Components for Emergency and Non-emergency Transfusion

Patient Identification

Purpose:

Removing the incorrect blood product from the blood fridge can lead to the administration of the wrong blood to a patient. This document outlines a process to clearly identify blood being placed into the fridge, and blood being removed from the blood fridge, to ensure the selection of the right blood for the right patient.

Blood components must be stored in appropriate conditions to ensure cell viability and prevent bacterial growth.

Clinical Alerts:

Patient Services Assistants (PSA's) are NOT authorised to remove blood products from the AOS blood fridge.

The PSA will collect blood from Austin Blood Bank and deliver it directly to the Operating Suite. It is the responsibility of the staff member requesting the collection of blood products from Blood Bank to ensure appropriate and timely storage.

Storage Requirements for Blood Products:

The following blood products **MUST** be stored in the blood fridge:

- Red Cells (PRBC)
- Fresh Frozen Plasma (FFP)
- Other Blood Products: Clotting Factors, Immunoglobulins

The following blood products must **NEVER** be stored in the blood fridge:

- Platelets – stored at room temperature on a platelet agitator in Blood Bank only
- Cryoprecipitate – this component will precipitate if stored in a refrigerated environment

Equipment:

Staff must take the following documentation with them when removing blood from the blood fridge:

- A patient label with the patient's Surname, Given Name, UR Number and DOB, or

- The D1.1 Compatibility and Administration Record should be used when removing subsequent units of blood product from the blood fridge.

Procedure:

Delivering Blood Products to the Austin Operating Suite:

The PSA will collect and deliver blood from Austin Blood Bank under the instruction of the Operating Suite Nursing Staff or Medical Officer.

- If the blood is required for **immediate use**, the PSA must hand the blood product directly to the Operating Suite Nursing Staff upon arrival.
- If the blood is **not required for immediate use**, the PSA will be instructed to place the blood product into the blood fridge, and record the time that it was placed into the fridge on a laminated card using a whiteboard marker. This card shall be placed in the blood fridge along with the blood product.

Registering Blood Products into the Blood Fridge:

The Operating Suite staff member must record the following details in the blood fridge register:

- Patient's Surname, Given Name, UR Number, and DOB **(Three patient identifiers must be used),** or affix patient identification label.
- Type of blood product e.g. Red Cells (PRBC), Fresh Frozen Plasma (FFP).
- Unit donation number/product batch number.
- Date and time of entry as per details provided by the PSA on the laminated card.
- Surname of the staff member registering the blood.

Removing Blood Products from the Blood Fridge:

A patient identification label **should always** be used when collecting the first unit of blood product from the blood fridge:

- Select the blood product required as per medical order.
- Ensure the correct blood product is selected by crosschecking the patient details and unit donation number on the D1.1 Compatibility and Administration Record with the patient identification label attached to the unit of blood, product and the patient identification label.

For removal of subsequent units of blood product:

- Take the D1.1 Compatibility and Administration Record to the blood fridge, and ensure that the correct blood product is selected by crosschecking the patient details and unit donation number on the D1.1 Compatibility and Administration Record, with the patient identification label attached to the unit of blood.

Locate the entry of the unit in the blood fridge register, by checking the following details:

- Patient's FULL name, UR Number and DOB **(Three patient identifiers)**
- Type of blood product
- Donation/batch number
- Date and time

Once the correct unit entry has been located, the staff member must record the **date and time** that the unit is removed from the blood fridge and **print their Surname** in the register.

Only remove one unit of blood product at a time, unless indicated by the patient's clinical condition.

Note: Any blood product removed from the blood fridge is intended for immediate use. Once removed, if the blood product is not going to be administered within 30 minutes, then it needs to be placed back into the fridge, and checked back into the blood fridge register.

Blood products that have been removed from refrigeration and remain at room temperature for over 30 minutes without being administered cannot be returned to the blood fridge for storage. In this circumstance, the Operating Suite staff member must complete a Riskman and return the blood product to Blood Bank immediately with and explanatory note.

Blood that has not been used intra-operatively or in recovery area must be returned to the Austin Blood Bank immediately after the patient has left the Operating Suite Complex. **Unused blood must not travel with the patient to wards/departments for elective transfusion - including ICU.**

Post Procedure:

Any deviation from this procedure resulting in the wastage of products, delay in patient treatment, or unauthorised access to the blood fridge will be reported through Riskman and BloodNet.

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Legislation/References/Supporting Documents:

1. Australian Commission on Safety and Quality in Health Care (ACSQHC) (Sept 2011), National Safety and Quality Health Service Standards, ACSQHC, Sydney
2. Blood Component Information: Circular of Information. ARCBS, 2009
3. Guidelines for the Administration of Blood Components. ANZSBT and RCNA, (1st Ed) 2004
4. Serious Hazards of Transfusion Annual Report - 2010
5. http://www.transfusion.com.au/home.aspx

Authorised/Endorsed by:

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BLOOD COMPONENT REGISTER, OPERATING SUITE – AUSTIN HOSPITAL

Austin Pathology
Prepared By: A. Motley
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UR No:

Surname:

First Name:

DOB:

IDENTIFICATION LABEL OR FULL PATIENT DETAILS REQUIRED. MUST HAVE 3 PT IDENTIFIERS.

1 Sheet Per Patient Only

THIS SHEET AND ANY UNUSED PRODUCT MUST BE RETURNED TO BLOOD BANK ONCE THE PT HAS LEFT THE OPERATING SUITE.

Date & Time Into Fridge	Placing Blood Product Into Fridge Print Surname	Type Of Product (RC, FFP)	Pack / Donation Number	Date & Time Out Of Fridge Print Surname	Date & Time Returned to Fridge Print Surname	Date & Time Out Of Fridge Print Surname	Date & Time Returned to BB Print Surname	**BB ONLY** Temp Of Product Upon Return To BB Print Surname

WARNING: If any Blood Products have been unrefrigerated for more than 30 minutes, please complete Riskman and return unit(s) to Blood Bank with an explanatory note.