Guideline SK 2

Transfusion Orders for Pre-Transfusion Tests and Blood Components/Products

1.0 Principle

1.1 A comprehensive transfusion order from a physician/authorized health practitioner is required for pre-transfusion tests and transfusion of any blood component or blood product to a patient.

2.0 Definitions

2.1 Pre-transfusion testing – laboratory testing performed on the patient prior to transfusion to ensure compatibility with the blood component intended for transfusion. Appendix 02 - Glossary of Terms

Note: Pre-transfusion testing generally includes ABO group and Rh type, antibody screening and crossmatching.

2.2 Transfusion – all activities related to the processes of administration of blood components and blood products, regardless of route of administration. Appendix 02 - Glossary of Terms

2.3 Qualified Transfusionist – practitioners and regulated health professionals authorized to initiate transfusion of a blood component and/or blood product within their respective scope of practice under applicable provincial legislation, regulations and/or bylaws, that have successfully completed appropriately outlined training that includes transfusion administration, recognition and management or adverse events. Appendix 02 - Glossary of Terms

3.0 Acronyms

3.1 TML – Transfusion Medicine Laboratory

4.0 Scope and Related Policies

4.1 Pre-transfusion tests and the transfusion of any blood component and/or product shall be prescribed by a physician/authorized health practitioner with a comprehensive transfusion order in accordance with facility standard operating procedures. Authorization for this purpose shall be based on the establishment's professional requirements in addition to the applicable regulatory and licensing requirements. WCDAA TM.8.1.5, TM.11.1.2; CSA 10.5.3, 10.6.1.1,10.6.1.3,10.6.2, 10.7.4, 10.9.2, 11.4.3, 11.4.4

4.2 In Saskatchewan, practitioners and regulated health professionals authorized to prescribe the administration of blood components and/or blood products in accordance with their respective scope of practice under applicable provincial legislation, regulations and/or bylaws include: SK Application - Qualified Transfusionist

- Physicians
- Physician Trainees (within training, expertise and scope of practice)
- Registered Midwives (in accordance with granted facility privileges)

- Registered Nurse (Nurse Practitioner)s [RN(NP)]s

Note: Interpretation of the regulated health professionals' scope of practice can be accessed at each organization's licensing and regulating health body website.

4.3 A comprehensive transfusion order (written, electronic, or verbal) shall include the following information: WCDAA TM.7.0.2, TM.11.1.2; CSA 10.2.1, 10.2.2, 10.2.3, 14.3, 11.4.3, 11.4.4

- patient's family and given name(s)
- patient's HSN, MRN or unique identification number
- patient's location
- required blood component or blood product and volume/dosage
- date and time of request
- date and time of the intended transfusion, if available
- rate of infusion or duration
- clinical indication for transfusion

If applicable, the following shall also be included:

- sequence in which multiple components or products are to be transfused
- any requested modification to the blood component
- any special transfusion requirements
- use of a blood warmer or rapid infusion device, with the exception of clinical areas where there is an established hospital policy and procedure
- pre/post transfusion medication orders related to the transfusion

4.4 The facility shall have standard operating procedures for the management of requests for pre-transfusion tests and blood components or blood products intended for transfusion. CSA 10.1.2

4.5 Transfusion orders for blood components and blood products shall be documented and contain sufficient information to uniquely identify the patient, the authorized requester, and provide the pertinent clinical indication for transfusion. WCDAA TM.7.0.2; CSA 10.2.1, 10.2.2, 10.2.3, 14.3

4.6 The Transfusion Medicine Laboratory (TML) shall not accept incomplete, incorrect, or illegible request forms/requisitions until any discrepancies or errors are resolved as defined in the TML policies and procedures. WCDAA TM.7.0.2, CSA 10.2.2

4.7 The request form/requisition for pre-transfusion testing shall be retained in accordance with the facility's policy.

Emergency Situations

4.8 The release and transfusion of blood components prior to completion of required pre-transfusion testing shall be done only in life-threatening situations when blood components tested according to normal procedures are not available and only with the documented approval of the patient's physician/authorized health practitioner. WCDAA TM.8.1.7; CSA 10.9.3.1

4.9 Transfusion records shall include a signed declaration (written or electronic) by the requesting physician/authorized health practitioner confirming that the clinical situation was sufficiently urgent to justify releasing blood components before completion of pre-transfusion testing and/or any infectious disease testing. When possible, informed consent should be obtained from the patient. This information shall be retained in the patient's health record. WCDAA TM.8.1.7; CSA 10.9.3.5

4.10 Verbal or telephone orders shall be documented and should be co-signed by the physician/authorized health practitioner within a defined time period established by the facility. WCDAA TM.7.0.2; CSA 10.2.1

4.11 The facility shall have a standard operating procedure concerning patient identification in emergency transfusions and for other situations where the patient's identity and/or identification number is unknown. WCDAA TM.7.0.3; CSA 10.2.5

5.0 Materials

5.1 Transfusion order (paper or electronic) for pre-transfusion tests and blood components or blood products.

5.2 Computer label with required patient information, if available.

5.3 Patient's health record.

6.0 Quality Management

6.1 Transfusion orders should be accurate, complete, and legible and ensure unequivocal identification of the patient.

6.2 The TML shall have a quality improvement system shall be in place to monitor positive compliance with documentation of the required information to be included in the comprehensive transfusion order as per established protocol. This could be done through random patient and health record audits and /or other quality improvement mechanisms. CSA 4.6.1.1, 4.6.3.1

7.0 Procedure

7.1 Verify that the comprehensive transfusion order is documented in the patient's health record and includes the following information:

a) patient's family and given name(s)

b) patient's HSN, MRN or unique identification number

c) patient's location

d) specific blood component or blood product required, and the volume (e.g. total mL or number of units) or dosage

e) date and time of request

f) date and time of the intended transfusion, if available

g) rate of infusion or duration

h) clinical indication for transfusion

If applicable to the patient's clinical situation:

i) request for uncrossmatched blood (in an emergency situation only)

j) sequence in which multiple products are to be transfused

k) any requested modification to the blood component (e.g. irradiated, washed, etc.)

l) any special transfusion requirements

m) use of a blood warmer or rapid infusion device, with the exception of clinical areas where there is an established hospital policy and procedure

n) pre/post transfusion medication orders related to the transfusion

7.2 Verify the required pre-transfusion test(s) are ordered for the specific blood component and blood product prior to transfusion.

7.2.1 If not included in the transfusion order, contact the ordering physician/authorized health practitioner to obtain an order for pre-transfusion testing.

7.3 Verify completeness of the transfusion order.

7.3.1 Ensure all patient information is present and legible on the transfusion order. If a computer label is used, ensure all information is present.

7.4 Submit completed transfusion order request form(s) to the TML.

8.0 Documentation

8.1 Transfusion orders from a physician/authorized health practitioner must be documented in the patient's health record.

9.0 References

9.1 Canadian Society of Transfusion Medicine. Standards for Hospital Transfusion Services. Version 5. December 2021.

9.2 Canadian Standards Association. Blood and Blood Components. CAN/CSA-Z902:20. March 2020.

9.3 Newfoundland Labrador Provincial Blood Coordinating Program. Guidelines for Transfusion Orders for Blood Components and Blood Products. (Version 3.0 2021-02-18).

9.4 Saskatchewan Registered Nurses' Association (SRNA). NP Practice Resources. Standards & Competencies. https://www.srna.org/nursing-practice/nursing-practice-resources/rnnp-resources/. Accessed December 16, 2020.

9.5 Western Canada Diagnostic Accreditation Alliance (WCDAA) Standards for Diagnostic Laboratory Accreditation: Transfusion Medicine, Version: February 2020 – v8.

10.0 Revision History

Date Revised: January 21, 2021, August 31, 2022	
Section Number	**Summary of Revision**
Global	• Replacement of 'plasma protein product' to 'blood product' • Replacement of 'transfusion service/laboratory' to 'transfusion medicine laboratory'
2.0, 4.0 and 6.0	• Updated WCDAA and CAN/CSA-Z902:20 citations

3.0	• NEW section ‘Acronyms’
9.0	• Updated references