

# **Division of Blood Transfusion Services**

**Ministry of Health and Family Welfare**



# Pre-transfusion Issues



# Quality in Clinical Transfusion Practice

- Patient identification
- Blood request form
- Sample identification
- Product identification
- Storage of blood in clinical areas
- Administration of blood

# Informed Consent

- There are mechanisms (guidelines / SOPs etc) to ensure that the clinician informs the patient/recipient:
  - about his/ her need for blood
  - alternatives available
  - risks involved in transfusion and non-transfusion
- A written consent is taken in the language that the patient / recipient understands best only after providing information.
- For minors and unconscious patient/recipients the next of kin signs the informed consent.



Name of the Hospital \_\_\_\_\_

**CONSENT FORM FOR THE TRANSFUSION OF BLOOD / BLOOD COMPONENTS**

Patient Name \_\_\_\_\_ CR Number \_\_\_\_\_ Ward/Bed No. \_\_\_\_\_

Blood transfusion is a life saving medical procedure. Blood can be given as "whole blood" or as components such as: Red cells, Platelets, Plasma and Cryoprecipitate.

1. I /My patient have been informed of the transfusion options available and expected benefits of transfusion of blood and / or components.
2. I /My patient agree to the administration of blood and / or components in the interest of proper medical care.
3. I /My patient understand that blood / blood components to be administered have been prepared and tested in accordance with rules established by National Regulation. However, there is still a very small chance that an adverse reaction can occur such as: fever with or without chills and rigor, itching and hives, which are treatable. Rarely an unpredictable life threatening event can also occur.
4. I/My patient have been informed that despite mandatory screening for blood borne infections such as HIV, Hepatitis B, Hepatitis C, Syphilis and Malaria, the risk of acquiring these infections is not totally eliminated.
5. I/My patient have had the opportunity to ask questions about transfusions, alternatives to transfusion, risk of not transfusing, the procedures to be used and the relative risks and hazards involved.
6. I/My patient believe that I have been sufficiently informed to make a decision to give a consent for transfusion of blood / blood components.
7. I/My patient have been informed and explained the above in a language that I/my patient understand.

**AUTHORIZATION BY PATIENT**

Signature/Thumb impression \_\_\_\_\_ Signature/Thumb impression: \_\_\_\_\_

Name of the Patient \_\_\_\_\_ Name of Witness: \_\_\_\_\_

Date \_\_\_\_\_ Doctor \_\_\_\_\_

Designation \_\_\_\_\_

**PATIENT'S ATTENDANT/NEXT OF KIN**

The patient is unable to give consent because \_\_\_\_\_

And I \_\_\_\_\_ (name / relationship to patient),  
therefore consent for the patient. I acknowledge that I have had an opportunity to discuss this procedure, as stated above, with my physician, physician designee and hereby consent to this procedure.

Signature/Thumb impression \_\_\_\_\_ Signature/Thumb impression: \_\_\_\_\_

Name of the Patient attendant/Next of kin \_\_\_\_\_ Name of Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Doctor \_\_\_\_\_

Designation \_\_\_\_\_

# Informed Consent

- Physicians ordering transfusion must have current knowledge of the risks of and alternatives to red blood cell and plasma transfusion.
- Patients should be informed of the possibility of transfusion and informed of benefits, risks, and available alternatives, far enough in advance of planned medical or surgical interventions.
- Clearly document the reason for transfusion in the patient's chart.
- Document that consent was obtained by completing a transfusion consent form.



# Request for Blood and Components

Request form for whole blood or components accompanied by the recipient's blood samples

- a) Recipient's identification details
- b) Amount, date and time of blood/ component needed/ required
- c) Routine/ emergency
- d) Diagnosis
- e) Reason for transfusion, hemoglobin/ platelet count




# Request For Blood And Components (contd...)

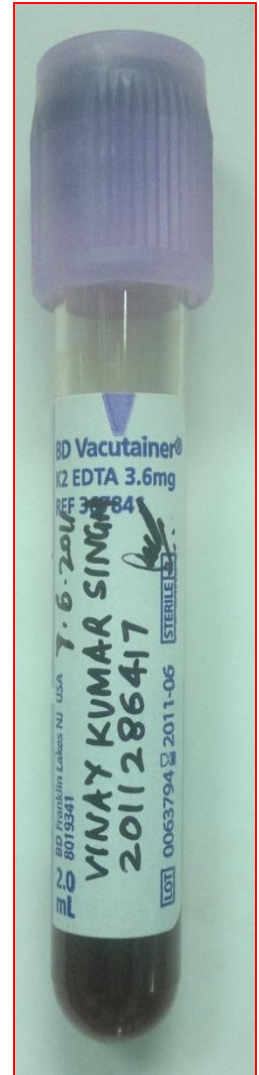
- f) History of previous transfusion
- g) Obstetric history in case of female patient/ recipient
- h) Name of the hospital
- i) Signature of the medical officer ordering blood/ component
- j) Name and signature of the phlebotomist collecting patient/ recipient's sample on the form and sample





# Ideal Requisition Form & Sample

Department of Transfusion Medicine Blood/Component Requisition Form							
Name : Vijay Kumar Singh		Address : Bihar Garivankati Farukhabad Uttar Pradesh					
CR No : 2011286417		Hospital : DR. A. SRIVASTAVA					
Age/Sex : 59/M		Consultant : .....					
Diagnosis : Obst. uropathy Left PUJO with Renal failure		Department : Urology					
Tx History : -		Ward/Type : B04/GEN	Bed/Type : 12/GEN				
		Hb : - 7.5	Platelet Count : - 40				
		Blood_Group/Rh	D.O.A : 31-MAY-11				
<b>Blood/Component</b>	<b>Unit</b>	<b>Priority</b>					
Packed red cells (PRBC)	2	Urgent					
Certified that I have personally collected the Blood Sample and Checked the labels.							
		Signature :- 					
		Dr. Jatinder Kumar					
		Date/Time: 07-Jun-2011 08:53					
(Space To be Used by the Blood Centre)							
Requisition_no : 2011060559							
Registered at Blood Centre No :- .....		Date :- ..... Time :- ..... Mode of adjustment (Replacement Slip No) :- .....					
Blood Group :- ..... Rh :- ..... Compatible with Donor(s) :- .....							
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Replacement Slip No.</th> <th style="text-align: left;">Donor's Name</th> </tr> </thead> <tbody> <tr> <td>2011060619517</td> <td>Jitendra Singh</td> </tr> </tbody> </table>		Replacement Slip No.	Donor's Name	2011060619517	Jitendra Singh
Replacement Slip No.	Donor's Name						
2011060619517	Jitendra Singh						
		Whole Blood	Platelets				
		Plasma	Cryoprecipitate				
		2011051618465					
		2011051618466					



# Incomplete Requisition Form Not acceptable

Department of Transfusion Medicine  
Blood/Component Requisition Form

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**Name :** Vijay Kumar Singh  
**CR No :** 2011286417  
**Age/Sex :** 59/M  
**Diagnosis :** Obst. uropathy Left PUJO with Renal failure  
**Tx History :** -

**Address :** Bihar Garivankati Farukhabad Uttar Pradesh  
**Hospital :** .....  
**Consultant :** .....  
**Department :** Urology  
**Ward/Type :** B04/GEN  
**Bed/Type :** 12/GEN  
**Hb :** -  
**Platelet Count :** -  
**Blood\_Group/Rh :** .....  
**D.O.A :** 31-MAY-11

Blood/Component	Unit	Priority
Packed red cells (PRBC)	2	Urgent

Certified that I have personally collected the Blood Sample and Checked the labels.

**Signature :-** .....  
**Dr. Jatinder Kumar**  
**Date/Time:** 07-Jun-2011 08:53

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**Requisition\_no :** 2011060559 (Space To be Used by the Blood Centre)

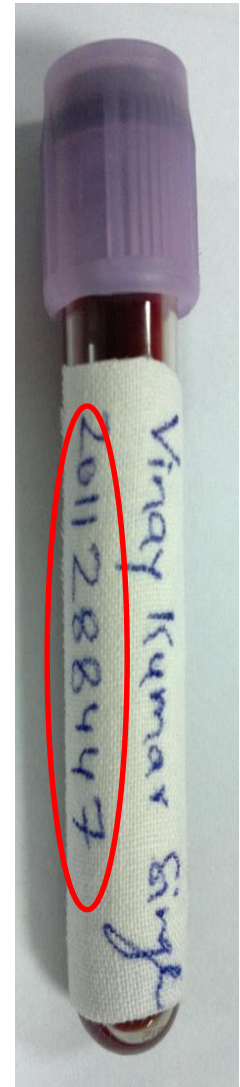
Registered at Blood Centre No :- ..... Date :- ..... Time :- ..... Mode of adjustment (Replacement Slip :- .....)

Blood Group :- ..... Rh :- ..... Compatible with Donor(s):

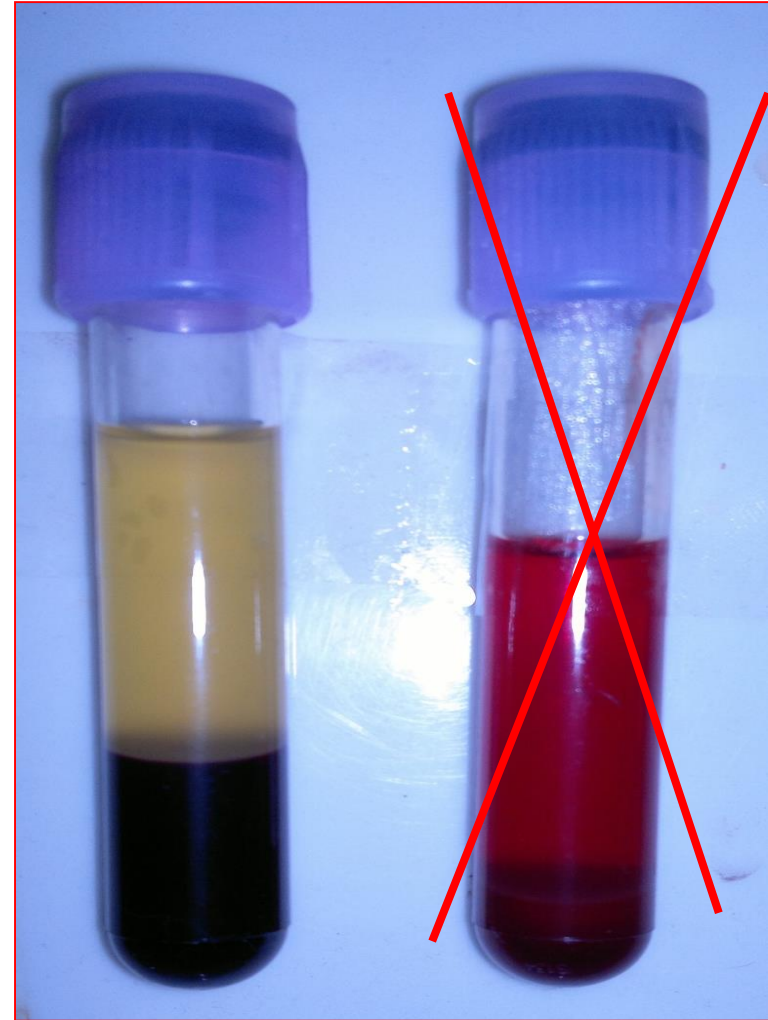
Replacement Slip No.	Donor's Name
2011060619517	Jitendra Singh

..... **Whole Blood** ..... **Platelets** ..... **Plasma** ..... **Cryoprecipitate**

..... 2011051618465  
..... 2011051618466







Normal sample      Hemolyzed

# Requisition for Blood and Blood Components

## Pre-transfusion Sample collection

### Patient Identification:

- When possible, include your patient in the identification process by asking specific questions.
- Verify that the labels match your patient's armband/identification and any accompanying paperwork.
- After drawing the sample(s), label the tubes before leaving the patient.
- **Labelling samples away from the patient greatly increases the risk of mislabelling.**
- Document that you drew the blood sample. Never sign for anyone else's work!



# Blood requisition forms

रक्तसंग्रहण और रक्त विभाग, पी.जी.आई., चण्डीगढ़  
Department of Transfusion Medicine, P.G.I., Chandigarh.

रक्त मांग फॉर्म  
Requisition Form - Whole Blood/Packed Red Blood Cell

S. No.:

- > 3 - 5 ml sample in plain vial and 2 ml in EDTA vial & the vial(s) must be labeled with GUM PASTED PAPER ONLY.
- > Requisition form and sample with discrepancy are UNACCEPTABLE.
- > This form will not be accepted if it is not signed or any section is left blank.

Patient's Name ..... C.R. No. .... Age ..... Sex ..... Ward .....  
Diagnosis ..... Clinician Incharge ..... Blood group ..... Rh. ....

## Indication for transfusion:

- ☐ Bleed ☐ Exchange transfusion (TSB value ..... ) ☐ Trauma ☐ Dialysis  
☐ Anaemia ☐ Surgery ☐ IUT ☐ Burn

- \* For exchange transfusion please send mother's sample also (3ml in plain vial)
- \* Please Specify the date and time for requirement of transfusion .....

## Pre-transfusion haematological values:

Hb.....g/dl

## Quantity of Blood unit(s) required:

- ☐ Whole blood ☐ Packed red cells: .....

## Any relevant past obstetric history

Previous Transfusion ☐ Yes ☐ No; If yes, Blood Group of unit transfused ..... Date : ..... ☐ In PGI ☐ Outside PGI

Component Unit No. .... Adverse Reaction, if any ☐ Yes ☐ No

(In case of previous transfusion, please attach completely filled & duly signed reaction form)

Certified that I have personally collected the blood sample after identification of Patient's C R No. and name etc. I have explained the necessity of blood transfusion and the risks associated with it to patient/relatives. Please issue blood on urgent / routine basis:

- ☐ Urgent (Immediate spin crossmatch technique)  
☐ Routine (AHG crossmatch technique)

Time .....AM/PM

Date ..... Resident I/c Signature .....  
Name .....

(Space to be used by the Department of Transfusion Medicine)

Requisition received at .....AM/PM on date ..... Patient's identification matched with sample and vial (Yes/No)

Signature of Receptionist: ..... Mode of Adjustment - VDF / DD / RD / PF / ..... Signature of Medical Technologist .....

## Preliminary Blood Group:

## CROSS MATCH RECORD

### PATIENT'S BLOOD GROUP

Cell grouping				Serum grouping			Blood group	
Anti B	Anti A	Anti A B	Anti D	A cells	B cells	O cells	ABO	Rh(D)

Auto control: Positive/ Negative

### Routine crossmatch report

S.No.	Blood bag no.	Blood group	Quantity of WB/PRBC (ml)	Saline X-match (room temperature)		AHG X-Match (37°C)		Compatible	
				Major	Minor	Major	Minor	Yes	No

### Immediate spin crossmatch report

S. No.	Blood bag no.	Blood group	Quantity of blood (ml)	Immediate spin crossmatch	Compatible	
					Yes	No

रक्तसंग्रहण और रक्त विभाग, पी.जी.आई., चण्डीगढ़  
Department of Transfusion Medicine, P.G.I., Chandigarh.

रक्त मांग फॉर्म  
Requisition Form-Blood Components (Platelets, Plasma, Cryoprecipitate)

- \* The sample in EDTA vial for blood grouping & the vial must be labeled with GUM PASTED PAPER ONLY.
- \* Requisition form and sample with discrepancy are UNACCEPTABLE.
- \* This form will not be accepted if it is not signed or any section is left blank.

Patient's Name ..... C.R. No. .... Age ..... Sex ..... Ward .....  
Diagnosis ..... Clinician Incharge ..... Blood group ..... Rh. ....

(Send fresh 2ml sample in EDTA vial for blood grouping. If the patient has received transfusions check blood group from records as its correct information is responsibility of the doctor filling this requisition form).

## Indication for Transfusion:

Prophylactic Platelet transfusion: ☐ Platelet count  $\leq 10,000$  in a patient without bleed

- ☐ Platelet count  $\leq 20,000$  in a patient with fever/sepsis/chemotherapy and other drugs  
☐ Platelet count  $\leq 50,000$  for an invasive procedure (liver biopsy) and ATG therapy/central line insertion  
☐ Platelet count  $\leq 1,00,000$  for major surgical procedure like ..... (Name of the surgery)

## Therapeutic platelet transfusion

- ☐ Cutaneous bleed (petechia, ecchymosis)  
☐ Mucosal bleed (epistaxis)  
☐ Visceral bleed (LGI, UGI, haematuria, ICH, SAH, SDH)  
☐ DIC  
☐ Massive transfusion if platelet count is  $\leq 50,000/\mu\text{L}$

## FFP/Plasma:

- ☐ Haemophilia A/Haemophilia B ☐ Shock  
☐ Von Willebrand disease ☐ Vitamin K deficiency/warfarin overdose  
☐ DIC  
☐ Liver disease  
☐ AT-III deficiency  
☐ Deranged coagulogram  
☐ Burns

## Cryoprecipitate

- ☐ Haemophilia A  
☐ Von Willebrand disease  
☐ Uraemia  
☐ Factor XIII deficiency  
☐ Afibrinogenemia/dysfibrinogenemia

## Pre-transfusion values:

Platelet count .....  $\times 10^3/\mu\text{L}$  APTT ..... sec PT ..... sec PTI ..... %  
Serum albumin ..... g/dL

## Quantity of unit(s) required:

- ☐ Platelets ..... ☐ FFP/Plasma ..... ☐ Cryoprecipitate .....

Previous Transfusion ☐ Yes ☐ No; If yes, Blood Group of unit transfused ..... Date ..... ☐ In PGI ☐ Outside PGI  
Component Unit in No. .... Adverse Reaction, if any ☐ Yes ☐ No  
(In case of previous transfusion, please attach completely filled & duly signed reaction form)

Certified that I have personally collected the blood sample after identification of Patient's C R No. and name etc. I have explained the necessity of component transfusion and the risks associated with it to patient/relatives.

Time .....AM/PM

Date ..... Resident I/c Signature .....  
Name .....

(Space to be used by the Department of Transfusion Medicine)

## PATIENT'S BLOOD GROUP

Cell grouping				Serum grouping			Blood group	
Anti B	Anti A	Anti A B	Anti D	A cells	B cells	O cells	ABO	Rh(D)

Auto control: Positive/Negative

Signature of Medical Technologist

S. No.	Component Unit No	Quantity (ml)	Blood group	Screened for infections markers	Type of component

Remarks/Note-Overleaf

Signature of Resident/Medical Technologist  
Date ..... Time .....AM/PM





# Slip given at the time of receipt of sample

## Patient's Identification Slip

DTM S.No. \_\_\_\_\_

Name of the Patient \_\_\_\_\_

C.R. No. \_\_\_\_\_ Ward/Bed No. \_\_\_\_\_

Requisition sent on \_\_\_\_\_

Requirement: Blood/Plasma/PRP \_\_\_\_\_

Kindly ensure transfusion within six hours of issue from blood bank. If not transfuse, kindly return to blood bank for storage

Signature of JR / SR



# At the time of issue

1. Department provides identification slip at the time of receiving blood sample that must be shown by patient's attendants at the time of issue of blood after duly filled by clinical resident

Patient's Identification Slip	
DTM S.No.	_____
Name of the Patient	_____
C.R. No.	_____ Ward/Bed No. _____
Requisition sent on	_____
Requirement: Blood/Plasma/PRP	_____
Kindly ensure transfusion within six hours of issue from blood bank. If not transfuse, kindly return to blood bank for storage	
Signature of JR / SR _____	

2. We have kept following check for our reception staff

## I have checked following details:

- DTM Sr. No. on Reaction form and Crossmatch label ☐
- Patient Name & CR No. on Reaction form and Crossmatch label ☐
- Blood unit Nos. and group on Crossmatch label and blood bags ☐

( \_\_\_\_\_ )  
Signature



# Checks at blood bank reception counter while receiving samples

If there is any discrepancy in name & CR no. between requisition form and sample or form is incompletely filled we send back these requisition with following stamps

Kindly Complete/Correct the under marked

- ☐ Patient details
- ☐ Previous transfusion details
- ☐ Previous reaction form
- ☐ Complete signature and name of resident
- ☐ Name and CR No. Discrepancy Send fresh sample

DTM PGIMER





# Retaining And Storing Of Blood Sample

- The recipients' blood sample and a segment from each donor unit is retained at **appropriate temperature (4 to 6 degree celsius)** for 7 days after each transfusion.
- In case of a need for transfusion after 48 hours of earlier transfusion, a fresh sample is asked for to perform a cross match.