

LABORATORY BLOOD BANK STANDARD OPERATING PROCEDURES MANUAL	<b>THE IDENT-A-BAND BLOOD RECIPIENT IDENTIFICATION SYSTEM</b>
Effective Date: 7/92	Page 1 of 4

I. Procedure:

Clerical error is the greatest threat to safe transfusion therapy. The most common cause of transfusion accidents is misidentification of the patient or donor involved in the transfusion. Errors have resulted from confusion in identification of the patient when the blood sample was drawn, a mix-up of samples during handling in the laboratory, and error in identification of the patient when the transfusion was given. Exact procedures for proper identification of the patient, patient sample, and donor unit must be established and utilized by all staff responsible for each aspect of transfusion therapy in order to prevent the occurrence of errors.

To prevent collection of samples from the wrong patient, the blood request label must be used to confirm the patient's identity before phlebotomy is performed. The request labels must state the intended recipient's full name, Date of Birth, and unique hospital identification number.<sup>1</sup> The patient's wristband identification must always be compared with the label. Any discrepancies must be completely resolved before the sample is taken. Nameplates on the wall or bed labels or patient location **must never** be used to verify identity, inasmuch as the patient specified may no longer occupy that bed. In an extreme emergency, if the patient does not have a wristband or if the patient's identity is unknown, some form of positive identification must be attached to the patient prior to collection of sample. This may be a temporary tie tag or a wristband or ankle band, but it should not be removed until proper identification has been attached to the patient and verification of identity is made by the phlebotomist.<sup>2</sup>

II. Key Points of the Ident-A Band System:

- A. The Ident-A Blood Recipient System securely links the patient with his or her blood specimen which is taken to the lab for testing.
- B. Once the specimen is in the lab, the Ident-A Blood Recipient System provides complete documentation of all testing and crossmatching procedures--all tied to the same Key Transfusion Number that is on the band, which is firmly secured to the patient's wrist.
- C. The Ident-A Blood Recipient System insures that each unit of blood is properly labeled and can be traced back to the specimen from which it was crossmatched.
- D. The Ident-A Blood Recipient System provides a documented link between the patient and each unit of blood prepared for transfusion, insuring that the right blood gets to the right patient every time.<sup>3</sup>

II. Step by Step Process:

- A. After receiving orders for a crossmatch, the process begins.
- B. After positive identification of the patient has been accomplished, verifying patient's name and Date of Birth, a red recipient band should be placed on the patient and blood carefully drawn. **Except in cases of extreme emergencies, the patient must have either a hospital identification bracelet or an ER identification bracelet on before drawing the specimen. You must verify at the very least patient's name and Date of Birth.**
  - 1. Print patient name, admitting number, date, time, initial of collecting personnel, medical records number and date of birth on Insert Card portion of Blood-Tab Sheet. Without removing the backing paper, tear off the Ident Card and insert it into the red Ident-A Blood Recipient Band. Then snap off stub at perforated line.
  - 2. Place clip on top of patient's wrist, so printing faces you, and wrap bracelet around wrist.
  - 3. Feed bracelet into clip, leaving a finger's width between bracelet and wrist. With bracelet placed squarely inside clip, press clip with fingers until it clicks shut. Cut off excess band material and discard.

LABORATORY BLOOD BANK STANDARD OPERATING PROCEDURES MANUAL	<b>THE IDENT-A-BAND BLOOD RECIPIENT IDENTIFICATION SYSTEM</b>
Effective Date: 7/92	Page 2 of 4

4. Check the completed bracelet to. Be sure the identification data is correct and ensure the bracelet is securely--but comfortably--on the wrist. Make sure to remind any patient that can understand that the bracelet should not be removed except by laboratory personnel.
  
- C. As soon as the specimen is drawn from the recipient, the specimen Tube Label from the sheet of labels is immediately attached to the **tube at the bedside**. There are two specimen tubes labels if more than one blood tube needs to be drawn. A computer generated label is available with patient information, and it can be placed over this label--so that recipient # still can be seen. If a label is not available yet, then it is permissible to write the patient's name and hospital number on the label and place the computer label over the name when it is printed. When no label is available, you must label the tube with at least patient's Name and Date of Birth. As you receive the specimen in the computer, enter the Ident-A # in the comment field for that specimen.
  
- D. **After the specimen is labeled at the bedside, make sure to again verify that the labeled tube matches the patient's hospital identification band and the name of the Ident-A band bracelet.**
  
- E. **You must also place a computer-generated label with the patient's name and Date of Birth or write this information on the blank Ident-A band label sheet.**
  
- F. Be sure to take the sheet of labels to the Blood Bank with the tube of blood and crossmatch requisition so that the other labels can be utilized.
  
- G. **Before the technologist performs the compatibility testing, all identifying information must match. The label on the specimen, label on the Ident-A band sheet, and all of the extra labels must all be compared to make sure that they all match. The labels on the specimen, replaces your order that you must have in the Blood Bank.**
  
- H. After the patient is typed and the appropriate Transfusion Record Card is completed, attach the Log Book label to the card on the line where the indirect coombs results are written.
  
- I. A label can be attached to the Blood Bank Worksheet form also. The Chart Record label can be used for this purpose.
  
- J. A Unit label with the recipient's name can be attached to each unit crossmatched.
  
- K. When blood is issued, write the Ident-A # in the appropriate space on the Blood Issue Sheet. The Ident-A # should be on the checklist that the nurse brings to the lab in order to pick up the unit of blood.
  
- L. All numbers must match: the Ident-A #, the UBS donor # and hospital number. Always match the numbers with the computer print-out as has been done in the past. It will be necessary to enter the Ident-A number as well as the donor number in the lab computer. This will now be a part of the crossmatch entry.
  
- M. When blood is issued for transfusion, all the numbers must be verified by the two-person check in the laboratory, before blood is issued.
  
- N. Before blood is started, all the numbers must be rechecked at the bedside with the 2-person check system. The name and Ident-A # on the recipient's red bracelet must be the same as the names on the checklist, the donor cards and the units. If the patient does not have a red Ident-A bracelet, **BLOOD MUST NOT BE STARTED.**
  
- O. When a patient must be restuck for another crossmatch, the old bracelet can be removed and another red bracelet and new # be placed on the patient or the old bracelet can be used as long as the tube drawn is

LABORATORY BLOOD BANK STANDARD OPERATING PROCEDURES MANUAL	<b>THE IDENT-A-BAND BLOOD RECIPIENT IDENTIFICATION SYSTEM</b>
Effective Date: 7/92	Page 3 of 4

labeled correctly with the old Ident-A Band # and the technologist doing the crossmatch has available Ident-A Band numbers from the old label sheet attached to the patient and the process begins once again. Before a bracelet is removed, make sure there is no longer still blood available to give to that patient from a previous crossmatch. If there is still blood ready for the patient, but more blood is needed, simply place another bracelet on the patient's wrist and generate another sheet of labels. When blood is released and returned to stock when it is not given, the unit labels attached to those particular units should be removed and discarded. If that same unit is recrossed on the same patient a new Ident-A # and label will be reattached to that unit.

IV. Notes on the Procedure:

- A. The label sheets being used are made for eight units. Not all of the labels will be used because most permanent records are written or computer generated. Also most crossmatches are not eight units. Therefore when extra units are done with an original crossmatch, there should be enough labels to use at the same time. However if the patient being drawn is a suspected aneurysm, or gunshot wound, or some trauma where many units may need to be set, it is permissible to affix two bracelets on the patients and initiate two sheets of labels.
- B. When a patient must be restuck for more blood because there has been a problem with compatibility testing, it may be necessary to attach another bracelet and generate a new sheet of labels.

V. Special Circumstance and Rules of Use:

- A. The blood Ident-A system will be used for all crossmatches. No clots that were previously drawn on a patient may be used unless the phlebotomist is responsible for properly identifying the patient, banding the patient, and properly labeling the specimen.
- B. **DO NOT** attach a bracelet and use a sheet of labels for routine OB types, but **DO USE** with all routine types and screens, including routine types and screens on OB patients.
- C. When drawing a patient that has an order that reads hold a tube for possible type and cross, it will be necessary to put a bracelet on that patient and use a label for the tube and take the tube and label sheet to Blood Bank just as if it were an ordered crossmatch. The tube will be spun down and separated and saved in case a cross is ordered stat within the next 48 hours.
- D. When drawing a Pre-Op patient with "Type Screen" orders, the Ident-A system must be used. The patient will need to be banded, (make sure that the patient is correctly identified, as they will not have a hospital band on yet, ask for name and birth date, etc.). This will be somewhat an inconvenience to the patient, but must be done in order to always use this procedure in case a crossmatch is ordered later on this same specimen. The system must also be used if drawing a pre-admit patient for a crossmatch and transfusion the following day. Each time make sure the patient is identified by full name and Date of Birth, the tube is properly labeled, the patient is banded, and the sheet of labels goes to Blood Bank with the tube and the requisition. Please tell the patient **TO NOT REMOVE** the bracelet.
- E. When drawing **EXTREME EMERGENCY OR TRAUMA** cases in the ER, etc.. and a crossmatch is very probable, it is good practice to attach a bracelet to that patient and start a sheet of labels. There again, make sure the tube of blood and the sheet of labels are taken to Blood Bank. When drawing a patient with a broken hip and a crossmatch is imminent, it is permissible to attach a bracelet and start a sheet of labels. When the identity of the patient is not known, make sure all the proper procedure is followed for the Ident-a banding. It is permissible to use means of description such as approximate age, sex, and identifying feature that may be helpful later. Make sure Ident-A Band # on patient's bracelet matches # of specimen tube label placed on clot. This must be matched and checked at the bedside. When the crossmatch is ordered, the technologist will enter the collection time and receipt time based on the times from other specimens collected during the same venipuncture. They will also enter at this time

LABORATORY BLOOD BANK STANDARD OPERATING PROCEDURES MANUAL	<b>THE IDENT-A-BAND BLOOD RECIPIENT IDENTIFICATION SYSTEM</b>
Effective Date: 7/92	Page 4 of 4

the Ident-A # in the comment field. It is never permissible to use this process unless in **EXTREME EMERGENCIES**.

- F. When surgery must draw a stat sample for crossmatch while a patient is in surgery, they must use a sheet of labels and attach a red bracelet on patient, utilizing the same step by step process, unless there is absolutely not time to do so. Surgery must bring the sheet of labels along with the sample to the blood bank. Some label sheets will be kept in surgery for this purpose.
- G. **At any time that a patient does not have an Ident-A band in place, if blood must be transfused immediately, the Emergency Release procedure is used. If a new sample cannot be obtained prior to the release of the first unit, O negative blood must be issued. No previous records can be used for the blood type of the patient.**

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**APPROVED BY:**     Martin F. Belli, M.D.          **DATE:**     1-96, 7-00, 11-01, 4-2002, 6-2004, 3-2008    

**See original policy in the Laboratory for all documented annual reviews.**

References:

1. Standards for Blood Banks and Transfusion Services, 12th ed., American Association of Blood Banks. 1987, p. 26.
2. Harmening, Denise, Modern Blood Banking and Transfusion Practices, 2nd ed., F.A. Davis Company, 1989, p. 21.
3. Ident-A Band Blood Recipient System, Materials insert and instructions sheet, Ident-A Band, 1988.

Blood Bank Standard Operating Procedures Manual, Laboratory Collections Manual, Laboratory Standard Operating Procedures Manual