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| Part A – pretransfusion checking policy  |
| Blood Matters Audit 2025 |
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Is there a policy covering the pretransfusion checking procedure in your health service? Yes No

If **YES** please go to Table 1 Policy content and response options and when completed go to part B

If **NO** please go to part B

Table 1 Policy content and response options

| Policy question | Response |
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| Date policy was last reviewed  | MM/YYYY |
| Is there a policy statement that identification bands must be attached to all patients during transfusion | Yes No |
| Is there a policy statement **that requires the following to be included on the identification band:** **• FAMILY NAME and GIVEN NAME** **• MRN (medical record number) or equivalent**  **• DOB (date of birth, written as DD/MM/YYYY)** | Yes NoYes NoYes No |
| Is there a policy statement that the patient’s identity must always be confirmed before transfusion | Yes No |
| If yes, is there a policy statement on who can take responsibility for pretransfusion patient identity verification  | Yes No |
| If yes, does the policy state * that two staff members must be involved
* that the check must occur at the bedside
* each staff member must complete all the checks independently (‘double independent check’)
* the person spiking the blood component must be one of the staff members who undertook the component and patient identity check
* The blood component must be spiked and transfusion started immediately after the check has been completed
 | Yes NoYes NoYes NoYes NoYes No |
| If **YES** does it contain thefollowing forconscious and competent patients? * ask the patient to state and spell given names
* ask the patient to state and spell family name
* ask the patient to state DOB
 | Yes NoYes NoYes No |
| If **YES** does it contain the following for unconscious patients?* Check the patient’s identification band for family name and given name
* Check the patient’s identification band for DOB and medical record number (MRN)
 | Yes NoYes No |
| Is there a policy statement that outlines the blood component checking procedure  | Yes No |
| If yes, does the checking procedure policy statement include that:* the patient’s family name and given name, DOB and MRN on the ID band must be identical to those on the compatibility label attached to the blood component and the blood prescription
* the blood component type is the same on the prescription, the component (Lifeblood component label) and the laboratory compatibility label
* the blood component is checked for compliance with any special requirements on the prescription (e.g. irradiated or CMV seronegative)
* the blood group and the donation number on the compatibility label are identical to that information on the component from the Lifeblood label
* the blood group on the blood component is compatible with the blood group of the patient as indicated on the compatibility label attached to the unit; if the blood group of the blood component and the patient are not identical, the transfusion service provider must make a specific comment to indicate that it is compatible (or is the most suitable available)
* the blood component has not passed its crossmatch expiry or component label expiry date and time
* the integrity of the blood component is confirmed
 | Yes NoYes NoYes NoYes NoYes NoYes NoYes No |

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