Part A – pretransfusion checking policy

Blood Matters Audit 2025

OFFICIAL

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	
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	Yes	No
MRN (medical record number) or equivalent	Yes	No
DOB (date of birth, written as DD/MM/YYYY)	Yes	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	Yes	No
that the check must occur at the bedside	Yes	No
 each staff member must complete all the checks independently ('double independent check') 	Yes	No
the person spiking the blood component must be one of the staff members who undertook the component and patient identity check	Yes	No
The blood component must be spiked and transfusion started immediately after the check has been completed	Yes	No







Policy question	Resp	Response	
If YES does it contain the following for conscious and competent patients?			
ask the patient to state and spell given names	Yes	No	
ask the patient to state and spell family name	Yes	No	
ask the patient to state DOB	Yes	No	
If YES does it contain the following for <u>unconscious</u> patients?			
Check the patient's identification band for family name and given name	Yes	No	
 Check the patient's identification band for DOB and medical record number (MRN) 	Yes	No	
s 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 	Yes	No	
the blood component type is the same on the prescription, the component (Lifeblood component label) and the laboratory compatibility label	Yes	No	
 the blood component is checked for compliance with any special requirements of the prescription (e.g. irradiated or CMV seronegative) 	n Yes	No	
 the blood group and the donation number on the compatibility label are identical to that information on the component from the Lifeblood label 	Yes	No	
 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) 	Yes	No	
 the blood component has not passed its crossmatch expiry or component label expiry date and time 	Yes	No	
the integrity of the blood component is confirmed	Yes	No	

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