

MB Guideline 2

Patient Identification for Specimen Collection and the Administration of Blood, Blood Components and/or Plasma Protein Products

1.0 Purpose

1.1 To provide best practice guidelines for nurses that align with the standards set forth by the American Association of Blood Banks (AABB), Accreditation Canada (AC) Transfusion Services, Canadian Standards Association (CSA) and the Canadian Society of Transfusion Medicine (CSTM) for positive patient identification.

1.2 The standards state that:

- a. At least two person-specific identifiers are used to confirm the intended patient is receiving the planned service or procedure as planned
 - Verification of patients identity should include patient first and last name (stated by patient when possible), and Personal Health Identification Number (PHIN) or Medical Record Number (MRN).

All specimen labels must be labeled in the presence of the patient. Person responsible for identification of patient and collection of specimen must be the same person and sign the tube label

- b. Unequivocal identification of the patient must be established. If discrepancies are discovered during the identification process, blood samples must not be collected. Nor blood, blood components and/or plasma protein products be administered until the discrepancies have been resolved.
- c. The transfusion service shall accept only specimens with complete, accurate and legible handwritten labels. [See Appendix 13 Proper Labelled Specimen.](#)

Errors in sample labeling and patient identification are the leading cause of Acute Hemolytic Transfusion Reactions

2.0 Policy for Patient Identification

- 2.1 Health care facilities/Regional Health Authorities (RHA's) in Manitoba must implement a policy for unequivocal identification of an intended patient for any and all testing related to and administration of blood, blood components and/or plasma protein products.
- 2.2 A policy shall be established for patient identification where the patients identity and/or identification number are not available.

For both admitted and emergency patients, ensure that an identification band is prepared and attached to the correct patient prior to collection of the blood specimen.

NO BAND = NO BLOOD

For outpatients, positive identification using a Manitoba/RCMP/Military Health Card is required.

3.0 Procedure

- 3.1 Review the patient health record for informed consent, treatment order for blood, blood component and/or plasma protein products and the Transfusion Medicine Results Report (TMRR).
- 3.2 Perform two person (authorized provider) verification for correct patient and correct blood, blood component or plasma protein product. Compare the information on the TMRR with the blood issue tag and label. Confirm product expiry date.
- 3.3 In the presence of the patient, perform verification by confirming patients first and last name, PHIN or other unique identifier. Have patient state and spell name and date of birth whenever possible.

4.0 Documentation

- 4.1 The phlebotomist must sign the request for pre-transfusion testing form, XM101A, and the request for Miscellaneous Testing, XM104, as applicable.
- 4.2 The two authorized providers completing the patient identification procedure must sign the Cumulative Blood Product Record (CBPR), when administering blood, blood components or plasma protein products.

Authorized providers include Registered Nurses, Licensed Practical Nurses, Registered Nurses Extended Practice, Physicians and Medical Residents.

Graduate Nurses (GN) are authorized to perform the two provider verification along with an authorized professional as above. Refer to facility/RHA policy for exceptions to these guidelines.

Student Nurses are not authorized to complete the two person verification but are encouraged to observe/participate as a third person as often as possible.

5.0 Quality Control

5.1 Health care facilities/Regional Health Authorities in Manitoba should implement a quality improvement system to monitor compliance of patient identification.

5.2 Incidents involving improper patient identification should be reported to the local Transfusion Practice Committee.

6.0 Notes/Special Considerations

6.1 If the patient's clinical condition prohibits physical placement of a patient identification band, positive patient identification from their primary care giver is required.

6.2 For pre and postnatal testing (Rh 101 form) identification and verification should include patients first and last name, one unique identifier and Manitoba/RCMP/Military Health Card.

6.3 Cord blood specimens shall be labeled with the mother's:

- first and last name;
- mother's PHIN or unique identifier
- date and time of collection.

Facility endorsement if guideline is used as Standard Operating Procedure (SOP)

Approved by: _____
(Senior Management) (Senior Management)

Facility effective date: _____
(Date of implementation)