

New Policy – Effective 18 October 2018

Blood / blood products may be returned to the Blood Bank if they have not been out of a controlled environment for more than **60 minutes** from the time of issue.

When would this apply?

1. Transfusion/ product no longer required
2. Patient has pulled out their IV line or it is not patent and you will not be able to get IV restarted **and** product into patient within the maximum 4 hour time frame blood / blood products must be infused within



Record of Transfusion

Front and Back - What you need to know



Front and Back

Where do I find the “time product is issued by blood bank” documented?

RECORD OF TRANSFUSION	
 DIAGNOSTIC SERVICES MANITOBA SERVICES DIAGNOSTIC MANITOBA	GRACEADT, ARNOLD PHN: MB 123 456 789 Patient Blood Group
Health Sciences Centre - Winnipeg 620 Sherbrook St Winnipeg, MB R3A 1R9 Telephone: 204-787-3508 Fax: 204-787-1503 TraceLine Number: 9876543210 Date Printed: 2016-05-16 15:01 CST	DOB: 1970-01-01 Ordering Hospital: Grace Hor Medical Record Number: 000 Ward: 4S Physician: Jones, John Receiving Hospital: Grace Hor
FOR TEACHING PURPOSES ONLY	
Donation Number 00521 09 123456	Component E005V00 SAGM RBC LR
Comments:	Crossmatch: Compatible
Crossmatch: Compatible	Visual Inspection: Acceptable
Complete this Section when partial or full compo	
Complete information below and return to the Ho Laboratory	
Start of Transfusion Date: _____	Start of Tr YYYY-MM-DD
All components that are issued and NOT used MUST be returned to the H	
This Section To Be Completed By Hospital Blood B:	
Date Discarded: _____	Signature: _____

PRODUCT REISSUE RECORD	
INSTRUCTIONS TO HOSPITAL STAFF: It is the responsibility of the person who signs for the product to ensure that the reissue record is completed	
For red cell components, thawed plasma or other products - store in a blood bank refrigerator operating at 1-6 °C	
A. VISUALLY INSPECTED AND ISSUED BY BLOOD BANK BY <u>Sara Jones</u> DATE <u>2015-05-12</u> TIME <u>1500</u>	
B. PLACED IN SATELLITE REFRIGERATOR BY _____ DATE _____ TIME _____	
C. REMOVED FROM SATELLITE REFRIGERATOR BY _____ DATE _____ TIME _____	
D. REPLACED IN SATELLITE REFRIGERATOR BY _____ DATE _____ TIME _____	
E. 2 ND REMOVAL FROM SATELLITE REFRIGERATOR BY _____ DATE _____ TIME _____	
F. 3 RD PLACEMENT IN SATELLITE REFRIGERATOR BY _____ DATE _____ TIME _____	
G. 3 RD REMOVAL FROM SATELLITE REFRIGERATOR BY _____ DATE _____ TIME _____	
H. VISUALLY INSPECTED AND RETURNED TO BLOOD BANK REFRIGERATOR BY _____ DATE _____ TIME _____	
I. VISUALLY INSPECTED AND REISSUED BY BLOOD BANK BY _____ DATE _____ TIME _____	
For platelet components, thawed cryoprecipitate or other products - DO NOT REFRIGERATE - store at 20-24 °C	
A. VISUALLY INSPECTED AND ISSUED BY BLOOD BANK BY _____ DATE _____ TIME _____	
B. RETURNED TO BLOOD BANK AND VISUALLY INSPECTED BY _____ DATE _____ TIME _____	
C. VISUALLY INSPECTED AND REISSUED BY BLOOD BANK BY _____ DATE _____ TIME _____	

PRODUCT REISSUE RECORD	
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B. PLACED IN SATELLITE REFRIGERATOR BY _____ DATE _____ TIME _____	
C. REMOVED FROM SATELLITE REFRIGERATOR BY _____ DATE _____ TIME _____	
D. REPLACED IN SATELLITE	

The 60 minutes starts from the time listed on the back of ROT line A: “Visually Inspected and Issued By”