

Blood/Blood Products: MSJ After-Hours Sign-Out

Site Applicability

Mount Saint Joseph Hospital (MSJ)

Practice Level

The following staff are considered qualified to sign out blood and blood products providing they have either completed the annual [Nursing Competency Blood/Blood product administration course](#) on learning hub or the annual read and sign of the “Blood/Blood Products: Safe Transportation to /from Transfusion Medicine” guideline

- Registered Nurses (RNs),
- Licensed Practical Nurses (LPNs),
- Registered Psychiatric Nurses (RPNs)
- Nurse Practitioners (NPs) and
- Physicians

Requirements

Health Canada requires documentation of all blood products issued out of transfusion medicine

Need to Know

1. The laboratory at MSJ includes both medical laboratory assistants (MLAs) and medical laboratory technologists (MLTs); only MLTs can allocate and issue blood products
2. After-hours there are only MLAs in the laboratory at MSJ and any requests for blood products need to be allocated by Transfusion Medicine (TM) at SPH and sent to MSJ laboratory for qualified staff to issue/sign-out.
3. Qualified MSJ staff will be required to go to the MSJ laboratory from midnight to 0600 or at any time MSJ laboratory is without qualified staff (MLTs) to sign-out blood product
4. There are four units of group O unmatched emergency RBCs available at any time from the MSJ laboratory for use in case of emergency
5. A copy of the procedure is laminated in the MSJ laboratory for reference

Equipment and Supplies

1. Cerner patient labels (two required for picking-up group O unmatched emergency RBCs)
2. Product pick-up slip (Cerner generated or PHC-NF166 downtime Blood Product Request form)

Procedure

1. If blood product was ordered during regular working hours blood product will be available in the MSJ laboratory (skip to Step 4)
2. If blood product is ordered after-hours SPH TM staff will call MSJ MLA and MSJ ward with an approximate time of arrival:
 - SPH TM staff will call again when the product is put in the Taxi
 - Taxi driver will be instructed to bring product to MSJ main entrance and use after-hours access phone to contact Security. Security will open main door and accompany driver to lab and open lab door. Product to be left inside lab.
3. When the product arrives at MSJ the MSJ MLA will un-pack it following local SOPs, and place it in the blood fridge in the “cross-matched bin” or in the non-refrigerated product box and call the unit at MSJ
 - If the product arrives and CANNOT be used MSJ MLA will notify both the unit at MSJ and SPH TM staff. SPH TM staff will determine plan and communicate to MSJ staff (ward and laboratory)
4. Qualified staff MUST bring with them the completed product pick-up form (Cerner-generated or PHC-NF166 downtime Blood Product Request form) ([Appendix C](#))
5. MSJ laboratory staff will direct qualified staff to appropriate area to sign out and obtain products
6. Qualified staff can obtain product for the patient:
 - If from laboratory fridge (e.g. PRBC):
 - i. For patient-tagged: Top shelf on left labeled “cross-matched blood”
 - ii. For group O unmatched emergency RBC: Top shelf on right
 - Refer to [Appendix B](#) for obtaining Group O unmatched emergency RBC’s
 - If room temperature (i.e. IVIG, Albumin, Platelets, Octaplex): in product box beside sign-out book
7. Verify that the following information on the pick-up slip and the tag attached to the unit matches exactly:
 - Patient first and last name
 - MRN
 - Date of birth
8. Qualified staff will then sign-out the product by completing the Blood Product Issue and Transfusion Record (on bench opposite to fridge) ([Appendix A](#))
 - Patient Information: Complete all fields
 - Blood Product Information:
 - i. For fresh product e.g. RBCs: Fill in Product Mnemonic: list as RBC AND place a sticker from the back of the product bag for the rest of the line



- ii. For other products complete: Product Mnemonic i.e. IVIG AND Unit number (from product tag)
 - Issue Information: Complete all fields
 - Visually inspect product for discoloration, clumps and leaks then INITIAL box
 - Issuer and Transporter will be the same person (the person picking up product)
 - Disposition: **Do NOT** complete – this is for lab use only
9. Completed product pick-up form to be left on sign out book
10. For **Group O unmatched Emergency RBCs** qualified staff will need to put a patient label on each of the two Transfusion Records; one record will stay on the product and one record will remain in lab ([Appendix B](#)).
 - **Note:** Notify MSJ MLA that Group O unmatched Emergency RBCs were taken.
11. For all Returns: record time of return on product pick-up form and:
 - If product is returned **within 30 minutes of issuance** return to where it was taken from in clean plastic bag. Document return time on Product pick-up slip.
 - If product is returned **outside of 30 minutes of issuance** leave on sign-out book and document return time on Product pick-up slip.
12. Transfusion Reactions: return product with tubing to lab with Transfusion Reaction Report and page MSJ MLA

Related Documents

1. [B-00-07-10082](#) - Blood/Blood Products: Safe Transportation to/from Transfusion Medicine
2. [B-00-12-10065](#) – Blood/Blood Product Administration
3. [Transfusion Medicine: Laboratory Manual](#)
4. [Nursing Competency: Blood/Blood Product Administration](#) Online Learning Hub

References

1. Canadian Society for Transfusion Medicine (2021). *Standard for hospital transfusion services (Version 5)*. Ottawa, ON.
2. Canada Standards Association (2020). *Blood and blood components Z902-20*. Mississauga, ON.
3. College of Physicians and Surgeons of British Columbia (2022). Diagnostic accreditation program: Accreditation standards (Version 1.7). Retrieved from: [Accreditation standards LM | College of Physicians and Surgeons of BC \(cpsbc.ca\)](#)

Appendix A: Blood Product Issue and Transfusion Record

[illegible]

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Effective date:

Appendix B: Transfusion Records for Group O Unmatched Emergency RBCs

Stamped chart copy: Leave attached to blood and take with you



**TRANSFUSION MEDICINE LABORATORY
TRANSFUSION RECORD**



Transfusion Records

Location: MSJ UNCROSSMATCHED BLOOD
Name: UNKNOWN, PATIENT
MRN:
Date of Birth: 1-JAN-1111
Patient ABO/Rh: UNKNOWN

Group & Screen Expiry Date:

Compatibility Status: UNMATCHED

Comments: **UNCROSSMATCHED
BLOOD**


Product Unit #: C0510 24 519497 
Product ABO/Rh: O NEGATIVE
Product: Red Cells
Unit Attributes:
Product Code:
Product Expiry: 24 FEB 2024 23:59
Volume: 294 mL

Chart Copy

ISSUED DATE & TIME

Patient / Product Identification Verification:

- 1 Confirm Consent/Emergency consent
- 2 Compare Transfusion Record to Patient Health Record, verify patient name, date of birth and unique identification number (MRN)
- 3 Compare Transfusion Record to Product Label, verify product type, ABO Rh (when applicable), product unit number and expiry date.
- 4 In the presence of the patient, compare the Blood Product Compatibility Tag and Patient ID band, verify the patient's full name and unique identification number (MRN). When possible, have the patient say and spell full name and state date of birth.

DATE: _____ TRANSFUSIONIST: _____ INITIALS: _____
WITNESS: _____ INITIALS: _____

Time initiated: _____ Time stopped: _____

FORM ID – 2879 (PHC-LA009) VERSION Dec 15 2022 DraftL

Product not required must be returned to the
Transfusion Medicine Lab within 30 minutes of release time.

**BLOOD PRODUCT
COMPATIBILITY TAG**

Location: MSJ UNCROSSMATCHED BLOOD
Name: UNKNOWN, PATIENT
MRN:
Date of Birth: 1-JAN-1111
Patient ABO/Rh: UNKNOWN

Compatibility Status: UNMATCHED

**UNCROSSMATCHED
BLOOD**

Chart Copy

PROVIDENCE HEALTH CARE – TRANSFUSION MEDICINE LABORATORY

Issued:

Stamped blood bank copy: Un-attach and LEAVE in LAB with patient
label



**TRANSFUSION MEDICINE LABORATORY
TRANSFUSION RECORD**




Transfusion Records

Location: MSJ UNCROSSMATCHED BLOOD
Name: UNKNOWN, PATIENT
MRN:
Date of Birth: 1-JAN-1111
Patient ABO/Rh: UNKNOWN

Group & Screen Expiry Date:

Compatibility Status: UNMATCHED

Comments: **UNCROSSMATCHED
BLOOD**

Product Unit #: C0510 24 519497 
Product ABO/Rh: O NEGATIVE
Product: Red Cells
Unit Attributes:
Product Code:
Product Expiry: 24 FEB 2024 23:59
Volume: 294 mL

**Affix patient
label here**

TM Copy
(leave in lab)

ISSUED DATE & TIME

Patient / Product Identification Verification:

- 1 Confirm Consent/Emergency consent
- 2 Compare Transfusion Record to Patient Health Record, verify patient name, date of birth and unique identification number (MRN)
- 3 Compare Transfusion Record to Product Label, verify product type, ABO Rh (when applicable), product unit number and expiry date.
- 4 In the presence of the patient, compare the Blood Product Compatibility Tag and Patient ID band, verify the patient's full name and unique identification number (MRN). When possible, have the patient say and spell full name and state date of birth.

DATE: _____ TRANSFUSIONIST: _____ INITIALS: _____
WITNESS: _____ INITIALS: _____

Time initiated: _____ Time stopped: _____

FORM ID – 2879 (PHC-LA009) VERSION Dec 15 2022 DraftL

Product not required must be returned to the
Transfusion Medicine Lab within 30 minutes of release time.

**BLOOD PRODUCT
COMPATIBILITY TAG**

Location: MSJ UNCROSSMATCHED BLOOD
Name: UNKNOWN, PATIENT
MRN:
Date of Birth: 1-JAN-1111
Patient ABO/Rh: UNKNOWN

Compatibility Status: UNMATCHED

**UNCROSSMATCHED
BLOOD**

TM Copy
(leave in lab)

PROVIDENCE HEALTH CARE – TRANSFUSION MEDICINE LABORATORY

Issued:

Appendix C: Product Pick-Up slips (Cerner-generated or Downtime PHC-NF166)

St Paul's Hospital

**TRANSFUSION MEDICINE SERVICES
ORDER NOTIFICATION**

Ordering Phys: Hayden, Alesia, MD
 Attending Phys: _____
 Ordered By: Test/Nur, Nurse
 Requested Date/Time: 21Sep2020 14:25



Order: **Administer - Red Blood Cell Transfusion**
 Priority: ROUTINE
 Frequency: once
 Total Quantity: 1 unit
 Special Requirements: Irradiated
 Start Date/Time: 21Sep2020 14:25
 Indications: Anemia - Symptomatic
 Hgb: 130 g/L (28-JUL-2020 11:08)


Printed On: 21-SEP-2020 14:25
 UNIT USE ONLY

Quantity to be picked up: ☐

CS: BLOOD BANK, TEST THREE

SC PHN: 9675624505
 MRN: 740000068
 DOB: 14AUG1973
 Age: 47 Years
 Sex: Male
 Enc #: 740000001583
 Patient Loc: SPH MSSU OPAT
 Room: _____
 Bed: _____

 **BLOOD PRODUCT
REQUEST**

☐ St. Paul's Hospital
☐ Mount Saint Joseph Hospital

Date: 18 Nov 2018

Deliver to: (name) Gerry Wallace ← Name of nurse administering product
 ation: (location) MSJ HAU

Product: ☒ Red Cells ☐ Platelets ☐ Plasma
☐ Other: _____ No. of Units: 1

NB: Red cells, frozen plasma, IV Immune Globulin, and any other blood product that requires refrigeration will be issued one unit at a time.
 A separate Blood Product Request form is required for each unit/product type.

Picked up by: Crystal Brunk ← PRINTED name of nurse picking up product
Printed name
☐ Stores Porter ☐ Nursing Porter ☒ Nursing Staff
☐ Other: _____

Process for obtaining products:

1. Confirm consent for transfusion (PHC-MF030) completed, on chart
2. Confirm physician's order in chart "To Transfuse" Blood Products
3. Confirm product availability in SCM (view product status) ensure status "OK to transfuse"
4. Provide completed blood product request form to the lab.
At SPH: Tube to Transfusion Medicine (station 04) and Page porter to collect (use 604-809-1163 for PageNet downtime)
OR hand to person picking up product to take to lab.
At MSJ: person picking up product takes form to lab.

Questions:
 SPH Transfusion Medicine Laboratory: local 68003
 MSJ Laboratory: local 78206

Form No. PHC-NF166 (R. Jan 22-14)

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Effective date:

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