

I. TITLE:

Verification of Physician Order for Blood Component

II. PRINCIPLE:

The Transfusion Service has the responsibility to ensure the patient receives the correct component ordered by the physician. According to current AABB Standards, the request for blood must be confirmed before issue of the component. Serious patient harm can be caused if the wrong component type is transfused. This policy initiates a process by which the original physician order is reviewed by the Transfusion Service and compared to the order entered in the hospital computer system. The order *to prepare* a blood component and order *to transfuse* the product could be written at different times, so both orders are reviewed. The Transfusion Service cannot take verbal orders.

III. REAGENTS, SPECIAL SUPPLIES & EQUIPMENT:

NA

IV. CALIBRATION:

NA

V. QUALITY CONTROL:

NA

VI. PROCEDURE:

- A. Physician completes “Physician’s Order for Transfusion Testing, Procedures, and Blood Components”. Complete Sections 1-3.
- B. The Form is available in Forms Fast under “Physician Order” tab.
 - 1. Form #270005 is for Adult patients
 - 2. Form #270009 is for Neonates and Pediatric patients
 - 3. Manual forms can be used during downtime. Information must be legible with the patient’s first and last name, medical record number, and location.
 - 4. Each time the physician adds to the order or changes it, a new form will be used.
- C. A copy of the original physician order for a blood component will be sent to the Transfusion Service at the same time the order is entered in the hospital computer system.
 - 1. The copy can be faxed (244-5211), sent via the pneumatic tube system, or hand-carried to the Transfusion Service.
 - 2. The Nursing staff will order the tests and/or component(s) in the hospital computer system.
- D. Review of the physician written order by the Transfusion Service
 - 1. The technologist processing the order is responsible for ensuring the order in the computer matches the physician order.
 - a. If the physician order does not match the order entered in the computer, notify the Nursing unit immediately. They will cancel the wrong order and order the correct product in the computer system.

- Document in hospital error reporting system or notify the Blood Bank supervisor.
- b. If the written physician order is illegible, contact the RN in charge of the patient and have them contact the physician for clarification. The RN will send a new legible order. It is acceptable to have the RN re-write the order, if necessary, as long as they date/initial the correction.
 - c. The technologist processing the order is responsible for entering any special patient requirements in the Transfusion Service computer system.
2. When the order is completed:
- a. Orders for T&S are stapled with the collection form and put in the T&S box for retrieval later if components are ordered later.
 - b. Order for crossmatch or components is put with the 1st unit. At issue, the order will be filed in the current day's Issue folder. Orders are kept on file for 1 month in the Transfusion Service, then stored offsite.
 - i. Physician orders which do not result in transfusion at the end of 3 days are discarded.

- E. At Issue of Blood Component
1. The Nursing staff will bring the *original* order at time of pick up. The order may be sent via the pneumatic tube station, as well.
 - i. If Nursing cannot locate the original order:
 1. Retrieve the Blood Bank copy and make a 2nd copy for Nursing.
 2. Write at the top of the 2nd copy: “COPY made date/time/your initials” and give to Nursing to replace the missing original order.
 3. Be sure to keep the 1st copy for the Blood Bank.
 2. Nursing staff will mark on the form which component and quantity is requested.
 3. At issue, the Transfusion Service technologist will review the original order form and ensure the component ordered matches the component issued.
 4. **ANY DISCREPANCY BETWEEN THE PHYSICIAN’S ORIGINAL ORDER AND THE SELECTED COMPONENT MUST BE RESOLVED BEFORE ISSUE.** Document any ordering errors in the hospital error reporting system for tracking purposes.
 5. The Blood Bank technologist will also initial the “Components Picked Up” section with each issue.
 6. The issue process is documented in the Blood Bank LIS per routine procedure.

VII. REFERENCES:

1. AABB Standards for Transfusion Services and Blood Banks, current edition
2. AABB Technical Manual, current edition

Example of Form:

Physicians:
When do you want it?

Physicians:
What do you want?

Physicians:
Do you want to transfuse?

Nursing:
Bring this order form every time to pick up blood

Physicians:
We need to know who you are and how to contact you.

Physicians:
Does your patient require special blood?

Today's date/time _____ Ordering Physician Signature/ID _____

PHYSICIAN SECTION 1 (Do not use this form for MTP - use Form # 270010)
 Priority (check one) _____ Print name and beeper number _____
 STAT (within 1 hour) Routine (within 4 hours) Other (date of transfusion) _____
 PreOp (indicate date of surgery and procedure): _____

PHYSICIAN SECTION 2
Tests and Procedures
 Type and Screen (ABO/Rh/Antibody screen) ABO/Rh only Rh only Antibody screen only
 Crossmatch (indicate # of RBC units): _____ Therapeutic Exchange (Requires Pathologist approval)
 Direct Coombs IgG Hold Clot (L&D) RBC Exchange Volume: _____
 Direct Coombs C3b, C3d Prenatal Screen Plasma Exchange Volume: _____
 Rhlg Evaluation (Antenatal) Albumin Exchange Volume: _____
 Rhlg Evaluation (Post Partum) Please indicate: _____
 Other: _____ Height: _____ Weight: _____ Hot: _____
 Use separate form for Transfusion Reaction Workup Form #270032

(Nursing/Clerical) HBOC (HIS) order code number(s) (see page 2): _____
 Nurse sign for review/verify orders Section 1 _____ date/time _____
 and for emergency verbal physician order: _____ date/time _____

PHYSICIAN SECTION 3: Check appropriate criteria (on page 2 of this form)

Give Blood Components	ADULTS # units	Special Transfusion Needs for RBCs and Platelets
Packed RBCs		<input type="checkbox"/> Leukoreduced <input type="checkbox"/> Autologous
Fresh Frozen Plasma		<input type="checkbox"/> Irradiated <input type="checkbox"/> Directed
Plateletpheresis (preferred product) equal to 6-8 Whole Blood platelets		<input type="checkbox"/> CMV Negative <input type="checkbox"/> Washed
Random Whole Blood platelets		<input type="checkbox"/> HgbS Negative <input type="checkbox"/> HLA-matched
Cryoprecipitate		Transfusion Instructions: _____
Intrauterine Transfusion (mL)		(if no specific instructions, administer over 3-4 hours)
Other: _____		(Nursing/Clerical) HBOC (HIS) order code number(s) for Blood Components (see page 2): _____

Nurse sign for review/verify orders Section 2 _____ date/time _____
 and for emergency verbal physician order (date/time) _____

NURSING/CLERICAL SECTION (for pickup of blood product)

- Fax front of form to 4-5211 when written and order tests/components in HBOC (HIS).
- Bring this original order every time for release of blood at each pickup.
- Routine issue policy is 1 unit for only 1 patient issued to 1 person at a time.

Components Picked Up: Nursing: Write component and quantity for use. At issue, Blood Bank will initial

Component	Quantity	Initials	Component	Quantity	Initials	Component	Quantity	Initials

Type/sex number: _____ (sticker or tabourette)

Physician's Order for Transfusion Testing, Procedures and Blood Components (Adult)

Shands Jacksonville Form # 270005 Page 1 of 2 Approved: 11/07 Revised: _____

2/18/2008

5