CONWAY REGIONAL HEALTH SYSTEM
CLINICAL LABORATORY

Blood Bank Specimen Collection/Wristbanding

POLICY

The Blood Bank ID bracelet/wristband will be used at the time of transfusion as a double check of the patient's identification. No transfusion will be started unless the blood bank number on the blood bag and slip corresponds with the number on the patient's bracelet. No transfusion is permitted if the bracelet is detached.

Specimen Requirements:

1. One full 6 ml pink top tube.

PROCEDURE

1. Verify the patient's identification before collecting the specimen. This must be done at the patient's location immediately prior to specimen collection, and must be performed by the person collecting the specimen. Verification of the patient's identify must be done by at least one of the following:
    A. Preferred method: examination of the patient's hospital
    B. Asking the patient to state their full name.
    C. Asking a staff member familiar with the patient to identify the patient.

    Ensure that the identity of the patient matches the patient identification on the test order.

    Any identification method other than visual examination of the patient's hospital identification band should be documented on the test record.

2. Obtain the specimen according to CRHS policies regarding specimen collection, including the use of appropriate personal protective devices. The desired specimen for crossmatch or antibody screen testing is a 6 mL EDTA tube (pink top), although a 7 mL serum tube containing no separator gel is acceptable (plain red top). Hemolysis of the specimen should be avoided.
3. Complete the specimen/patient identification portion of the Blood Bank identification band. Record the patient's name and medical record number as it appears on the patient's hospital identification band. If an alternate method of identification is used it should be documented as described previously. Record the date of collection and initials of the

phlebotomist. **The person who collected the specimen must record this information at the bedside, at the time of specimen collection.**

4. Remove the completed portion of the armband (label) and place on the specimen tube.
5. Place the band around the patient's **left** wrist so that the end of the band lies between both the front and rear guides of the clip. Ensure that the armband is placed loosely enough so that it does not bind, and may be adjusted slightly up or down on the patient's wrist. Do not place the armband on the patient's wrist so loosely that it can be removed by puling it over the patient's hand.
6. Firmly close the clip. The band becomes tamper-proof when the clip is closed. Hold the clip firmly and tear off the remainder of the band ("pig-tail").
7. Return the labeled specimen and the remainder of the band to the laboratory blood bank.

PROCEDURE NOTES:

The specimen must be labeled and the armband placed on the patient at the time of collection, at the bedside (or patient location), by the person who collected the specimen. The band may not be placed on the patient later, or the specimen labeled later, elsewhere, or by someone who did not collect the specimen. The specimen may not be labeled at the nursing station, the laboratory, or anywhere else except the bedside. The patient must be banded and the specimen labeled before the specimen leaves the room. Failure to follow the procedure renders the specimen unsuitable for crossmatch or antibody screen testing, and it must be recollected.

Emergency release procedures (located elsewhere in this manual) should be followed in the event of an emergency need for blood products before a properly labeled blood bank specimen can be obtained or tested. The appropriate blood bank specimen should be obtained as soon as possible so that testing may be performed.

The blood bank armband should not be removed before the blood bank testing has expired (3 days from time of collection). If the armband is removed for any reason, **it may not be reattached or replaced.** Any testing performed on the specimen is voided. The specimen must be recollected, the patient rebanded, and testing repeated.

The armband must be attached to the patient. **It may not be attached to the chart, bed, wall, etc.** If the armband is not attached to the patient, the testing is voided as described above.

Matching of the patient's coded armband and the corresponding coded labels on

the blood units is **not** the only identification information required prior to transfusion. See specific transfusion policies regarding full instructions.

REFERENCES:

1. Package insert, “Typenex Blood Recipient Identification Bands, Baxter Healthcare Corporation, Fenwall Division.
2. CRHS transfusion policies and procedures.

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APPROVED BY:_____DATE_____
(Medical Director)

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