

To respond to a deficiency that the blood bank received during the recent AABB/CAP (College of American Pathology) inspection there are going to be changes related to the collection of blood bank samples on patients who do not have a blood bank history on record at Children's.

CAP Standard TRM. 30575, Misidentification Risk, requires that the facility must have a plan to implement a system to reduce the risk of mistransfusion for non-emergent red cell transfusions.

What is our plan?

For those patients who are not drawn by the lab, two independent specimens need to be drawn before type-specific red blood cells can be issued for transfusion.

What does this mean for patients who do not have a blood bank history at Children's and a Type and Screen is ordered?

1. For any type and screen drawn with the use of an electronic identification verification system (collection manager): no second specimen is needed.
2. Patients <4 months of age and patients who type group O are not required to have two independent specimens collected and will be transfused with group O PRBCs.
3. The blood bank will check to see if a previous specimen can be used for a second confirmatory test, (e.g. CBC).
4. Any patient who needs a second independent specimen drawn to verify the patient's ABO/Rh will be ordered by the blood bank.
5. Blood bank will contact the patient's nurse to verify if the second specimen is 'lab to draw' or 'nurse to draw'.
6. If the patient needs to be transfused before the second specimen is drawn and results are not available, the blood bank will issue O PRBCs.

This new process will go into effect November 18, 2015 and will remain in effect until an electronic identification verification system is in place for non-lab drawn specimens.

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