

South East Coast Regional Transfusion Committee

OBTAINING A VENOUS BLOOD SAMPLE FOR BLOOD TRANSFUSION



Name of Candidate: _____

Job Title: _____

Name of Supervisor: _____

Job Title: _____

Date Completed: _____

Authors:

**Liz Still, Transfusion Practitioner,
East Sussex Hospitals Trusts**

**Simon Goodwin, Transfusion Practitioner,
Surrey and Sussex Healthcare NHS Trust**

References

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The South East Coast Regional Transfusion Team

Emma Stalker, Transfusion Liaison Nurse, South East Coast Region

Introduction

In November 2006 the National Patient Safety Agency (NPSA) released Safer Practice Notice 14. This document charges all NHS and independent sector healthcare organisations “to implement an action plan for competency-based training and assessment for all staff involved in blood transfusions”. In addition to passing the competencies, practitioners need to be able to prove that they have undertaken some formal training in handling blood and transfusing blood components.

This workbook has been designed to guide you through the relevant information to enable you not only to pass your blood transfusion competencies, but also to have a more in-depth understanding as to the rationale behind these competencies. It is vital that you undertake your own research in order to be able to complete the workbook. Suggested learning resources can be found in the reference section at the end of the booklet. There are alternatives to demonstrate competency-based training; you will need to discuss the options available in your Trust with your Transfusion Practitioner.

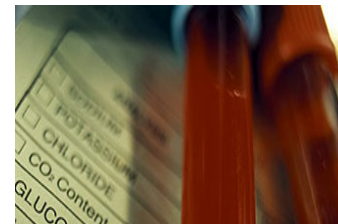
All workbooks will be marked; the results will be fed back and will also be held centrally. Candidates will not be eligible to undertake the competency assessments until the workbook has been completed and a pass rate of 90% or more achieved. Candidates who fail to achieve 90% will be shown where they have gone wrong, and will have to re-submit the workbook.

Q.4f *If an emergency arises as you are labelling your patient's blood samples, e.g. another patient collapses in front of you, and you are forced to leave the 'critical task' of labelling, state what action you would take after the emergency is under control.*

A.

(1)

5) Packaging and Documentation



- Ensure blood samples are sealed correctly to protect all staff that may handle them in the laboratory.
- Send blood samples in the most appropriate manner depending on the urgency of the request.
- If urgent, then the transfusion laboratory should be notified by telephone. Instigate the Major Haemorrhage protocol if necessary.

Q.5. *If the sample were urgent how would you ensure its safe and efficient transport to the laboratory?*

A.

(2)

Q.4c What details should be recorded on the sample tube?

A.

(8)

Q.4d What action would you take if the patient details on the request form did not match those the patient verbally gave you?

A.

(2)

Q.4e State 5 precautions that avoid patient misidentification when obtaining venous blood samples.

A.

(5)

1) Ensuring Safety in Practice

When obtaining a venous blood sample from a patient you have a responsibility to ensure safety for your patient, yourself and all others who may be in the clinical environment. The key to ensuring safety is to be fully prepared before approaching the patient. Safety equipment includes Personal Protective Equipment (PPE) such as apron, gloves and protective eyewear. Other essential equipment includes a rigid tray to carry the blood sample equipment and preferably a portable sharps bin, or use the rigid tray and safely dispose of sharps as soon as you leave the patient's side.

It is important to approach patients calmly and confidently when undertaking venepuncture procedures. Ensure that the patient's arm is well supported (e.g. with a pillow or arm rest) and that the patient is comfortable before commencing the procedure. Patients who are needle phobic require a particularly sensitive approach. These patients may sometimes jerk their arm away (hence the supportive pillow) and are prone to fainting (also known as a vaso-vagal episode or syncope) and it is important to ensure that they will not fall and hurt themselves should this happen.

NB. If a patient sitting in a chair reports feeling faint, place your chair directly in front of them and get them to lie forward on to your lap, this will enable blood to reach their brain faster and you will be able to prevent them from falling.

It is vitally important to maintain strict infection control measures such as washing your hands and following your hospital policy on cleansing skin prior to venepuncture.

<i>Q.1a. What protective equipment is required to perform venepuncture safely?</i>
A.
(3)

<i>Q.1b. Name two actions that make venepuncture safer for patients who are needle phobic.</i>
A.
(2)

<i>Q.1c. List the items you need to take to the patient's side to obtain a venous blood sample.</i>
A.
(6)

2) Patient Identification

Obtaining venous blood samples can be described as a 'Critical' task because the risk of making a mistake with patient identification at this stage can lead to patient death.

An example of an incident reported to SHOT is below:

- Patient X bled using a pre-labelled sample tube with patient Y details.
- Patient Y (23 yrs old) experienced post op haemorrhage.
- Patient Y was Group O and received a unit of Group A red cells.
- He complained of loin pain and a transfusion reaction was queried but transfusion continued.
- He then developed renal failure and died as a direct result of incompatible transfusion.

<i>Q.4a Why should blood sample bottles never be pre-labelled?</i>
A.
(1)

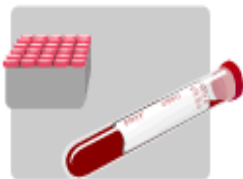
<i>Q.4b True or False, In an emergency, the sample tube can be labelled away from the bedside after the blood is taken.</i>
A.
(1)

- A sample taken from a line which has not had all the flush / infusion fluid eliminated will give a falsely low Hb
- Clean the site in line with local Trust policy.
- Use tourniquet appropriately in order to minimise discomfort to the patient.
- Draw blood sample into the appropriate blank tube.
- Dress venepuncture site in accordance with local Trust policy

NB. In critical care and other areas it may be appropriate to take venous samples from lines that are already in situ such as arterial lines. Care must be taken to ensure that sufficient IV fluid is removed to ensure that an erroneous Hb result does not occur.

4) Labelling the Venous Blood Sample

Handwrite details on sample tube (Addressograph labels are not acceptable on the tube unless your Trust uses an approved electronic system). Addressograph labels are however acceptable on the request form



- Label the sample at the patient's side.
- The label should include the patient minimum data set; ward, date, time and signature of the person drawing the sample.
- Printed name, signature and contact details of the person drawing the sample should be clearly included on the request form.
- Details on sample tube and request form must match in every aspect.

Sample errors are nationally the most frequent near miss events reported to SHOT (Serious Hazards of Transfusion). These can include that the sample is taken from the intended patient, but labelled with another patient's details. Conversely the sample can be taken from the wrong patient and labelled with the intended patient's details. Other cases include those that are not fully labelled or which have one or more identifiers that belong to another patient.

It is important to identify the correct patient BEFORE drawing the blood sample.



All in-patients must wear an identification wristband (or other attached identifier) with the Patient Minimum Dataset of: first name, surname, date of birth and unique patient identification (PID) number.

If your Trust has adopted Photo ID cards for regularly transfused patients encourage them to bring along the card to every hospital visit. If they have not brought along their Photo ID, then the patient must be given a wristband.

When obtaining venous blood samples from **all** patients, it is vitally important that you ask them to state their first name, surname and Date of Birth. This is known as positive verbal identification. You must not say the patient's name for them, i.e. 'are you Mrs. Smith?' because there is still a risk of patient misidentification. Therefore:

Ask the patient to state their first name, surname and date of birth.

Confirm this matches the ID wristband, (or other form of attached identifier) and the details on the request form.

If the patient cannot respond, is unconscious or a child, check the identification information on the wristband with the information on the request form. It is good practice to verify the identification with a second member of staff in these circumstances.

If a patient is admitted to the Emergency Department and is unidentified, then gender and unique patient ID number should be used at all times and a wristband with these details attached to the patient immediately.

Blood samples must only be taken from one patient at a time, all the patient's blood samples should be fully labelled at the patient's side before going on to do anything else. Remember, this is a critical task, do not allow yourself to be distracted.

Blood sample tubes must never be pre-labelled; British Committee for Standards in Haematology (BCSH 1999) identifies this practice as a major cause of identification errors, leading to fatal transfusion reactions.

Q.2a. What is the patient minimum data set obtained verbally from the patient to ensure positive identification of a conscious patient?

A.

(3)

Q2.b. Refer to your Trust's policy and explain how you would identify the following groups of patients:

<ul style="list-style-type: none"> Unconscious patients 	
<ul style="list-style-type: none"> Patients unable to verbally identify themselves 	
<ul style="list-style-type: none"> Unknown patients 	(6)

3) Assessing an Appropriate Site for Taking the Sample.



- A sample taken from an arm with an infusion in progress may give a falsely low haemoglobin (Hb), which could lead to inappropriate transfusion
- A sample taken in a syringe which has then clotted or settled will also give a false Hb