4.10: Administration to the patient

The identity check between patient and blood component (Figure 4.1) is the final opportunity to avoid potentially fatal mistransfusion (‘the last chance saloon’). The check must be performed for every unit transfused. The key principles of safe bedside administration are:

- Blood components must be administered by registered practitioners who are trained and competent according to local policies.
- The final check must take place next to the patient, not at the nursing station or another remote area.
- There is no evidence that either one or two staff performing the bedside check is safer and local policy should be followed. If two people perform the check, each should perform it independently.
- If the checking process is interrupted, it must start again.
- Transfusion must only go ahead if the details on the patient identity band (positively confirmed by the patient if possible), the laboratory-generated label attached to the component pack and the transfusion prescription are an exact match. Any discrepancy must immediately be reported to the transfusion laboratory.
- Check the expiry date of the component and ensure the donation number and blood group on the pack matches that on the laboratory-generated label attached to the pack.
- Any special requirements on the transfusion prescription, such as irradiated component, must be checked against the label on the pack.
- Inspect the component pack for signs of leakage, discoloration or clumps.
- A ‘compatibility report form’ issued by the laboratory and the patient’s clinical records must not form part of the bedside identity check (‘checking paper against paper’). Compatibility report forms are generated by the same laboratory computer used to produce the laboratory-generated label on the blood pack and the two will always match (even if the blood is being presented to the wrong patient). It is strongly recommended (BCSH and National Patient Safety Agency (www.npsa.nhs.uk)) that laboratories do not issue compatibility report forms to avoid their inappropriate use in the final administration check.
- The prescription and other associated paperwork should be signed by the person administering the component and the component donation number, date, time of starting and stopping the transfusion, dose/volume of component transfused and name of the administering practitioner should be recorded in the clinical record.
- To reduce the risk of bacterial transmission, blood component transfusions should be completed within 4 hours of removal from a controlled temperature environment.
- Non-essential overnight transfusion of blood should be avoided, except in adequately staffed specialist clinical areas, because of the increased risk of errors.

Figure 4.1 Identity check between patient and blood component
Check the laboratory-generated label against the patient's identity band

Always involve the patient by asking them to state their name and date of birth, where possible.