POLICY FOR
PATIENT NOTIFICATION OF TRANSFUSION
OR ADMINISTRATION
OF
BLOOD COMPONENTS AND/OR BLOOD PRODUCTS
1.0 Policy Statement

1.1 All Regional Health Authorities shall develop a procedure to ensure that recipients of blood components and/or blood products are notified of transfusion in writing.

2.0 Definitions

2.1 Transfusion: All activities related to the processes of administration of blood components and blood products.

2.2 Blood Component: A therapeutic part of blood intended for transfusion (e.g. red cells, platelets, granulocytes, plasma, and cryoprecipitate).

2.3 Blood Product: A therapeutic product derived from human blood or plasma and produced by a manufacturing process (e.g. albumin, immunoglobulin and coagulation products).

2.4 Discharge Summary: A clinical report prepared by a physician or other health professional at the conclusion of a hospital stay or series of treatments. It outlines the patient's admission diagnosis, the diagnostic findings, the therapy administered, and the patient's response to it, and recommendations on discharge.

2.5 Laboratory Information System (LIS): The hardware and software that make up the computer system that tracks the operations in a clinical laboratory.

3.0 Materials

3.1 Discharge Summary Form Template - NL-DF01

3.2 Notification of Transfusion of Blood Components and/or Blood Products Letter Template - NL-NT04
4.0 General Information

4.1 This policy is supported by the following:

Krever Inquiry Interim Report (1997) Recommendations:
4.1.1. Recommendation 30:
“…after treatment patients be informed by the treating physician about
the particular blood component or blood product and the quantity thereof
that was administered to them in the procedure; and that this information
be communicated both to patients who gave prior informed consent to the
administration of blood or blood products and to patients who, because of
a medical or surgical emergency, did not have the opportunity to consent
to the receipt of a blood transfusion.”

4.1.2 Recommendation 31:
“…information on the blood and blood products transfused be recorded in
the medical chart of the patient and on the discharge summary, and that it
be included in the reporting letter written by the attending physician or
surgeon to the referring physician.”

4.2 Cameron Commission of Inquiry on Hormone Receptor Testing (2009),
Volume I, Communication with Patients:
“This situation demonstrates the advisability of sending a letter to the
patient to confirm the information that has been verbally relayed.”

5.0 Process or Procedure

5.1 The recipient shall be informed by the treating physician or designate,
verbally and in writing that (s)he has received blood components/blood
products and the reason blood components and/or blood products were
administered, prior to patient discharge from the care facility. This includes
recipients who regularly receive blood components/blood products in an
outpatient, ambulatory care clinic or home care program. Refer to section
6.0 for exceptions.

5.2 In the case of antenatal or pediatric transfusion, a parent or the substitute
decision maker shall be provided with the notification of transfusion.
5.3 In the event that the recipient is unable to understand the implications of transfusion, the substitute decision maker (SDM) should be provided with the notification of transfusion.

5.4 It is not necessary to generate notification letters for patients who die during or following an episode of care, unless required by health care facility policy. A record of all transfused products is retained indefinitely in the Laboratory Information System (LIS), Transfusion History.

6.0 Exceptions

6.1 Due to the ongoing nature of the treatment process, recipients of factor concentrates under the Newfoundland and Labrador Hemophilia Home Care Program should not receive a letter of notification of transfusion of blood products.

6.2 Recipients of Subcutaneous Immune Globulin should not receive a letter of notification, as the recipient actively participates in the ongoing treatment process. The recipient completes the Responsibility Agreement Form and Patient Infusion Log and provides written acknowledgement of receipt of product issues.

7.0 Records Management

7.1 The recipient transfusion data file in the Transfusion Medicine Laboratory shall be retained indefinitely.

7.2 All transfusion records in the recipient’s health record shall be retained in accordance with the health care facility policy.

8.0 References


Policy for Patient Notification of Transfusion or Administration of Blood Components and/or Blood Products


Admission Date: ____________________ Predicted LOS: ________________

Attending Physician: ____________________

Admitting Diagnosis: ____________________

Discharge Date: ____________________

Discharge Disposition: □ Home  □ Other facility  □ Deceased  □ Against Medical Advice

Most responsible Diagnosis: ____________________

Did this affect LOS? □ Yes  □ No

Pre-Admission Comorbidity (Primary Diagnosis): ____________________

Complications (Post Admission Comorbidity): ____________________

Secondary Diagnosis: ____________________

Clinical Care Map: Is the Patient Palliative? □ Yes  □ No

Did the patient receive blood components or blood products? □ Yes  □ No

Quantity (units) transfused: RBC _____ Platelets _____ Plasma Products (Specify) ____________________

Blood Products: (Specify) ____________________

For further information, contact family physician

Course in hospital: (Includes investigations therapies, interventions and consults)

Day 1: ____________________ Day 2 & 3: ____________________ Day 4 & 5: ____________________

Day 6 & 7: ____________________ Day 8 & 9: ____________________ Day 10 or greater: ____________________

Medications on Discharge: (Name of drug, frequency and route)


Activities: Resume: □ Shower  □ Tub Bath  □ Sponge Bath  □ Housework  □ Drive Car  □ Climb Stairs  □ Sexual activity

Incision – If you develop any signs of infection such as redness, swelling or drainage, please contact your doctor and call phone # for Infection Control) leaving your name and telephone number for follow-up.

Comments: ____________________

Follow Up-Appointment: ____________________ Date: ____________________

(Diagnostic, Lab & Physician)

__________________________ Date: ____________________

Physician’s Name: ____________________ Date: ____________________

Print ____________________ Signature ____________________

For Medical Records Use: Discharge Summary Dictated: □ Yes  □ No  Date: ____________________ Signed By: ____________________

Chart Assembled □ Chart Abstracted □ Chart Completed: □ Coder’s Signature ____________________
**Date: yyyy-mm-dd**

<table>
<thead>
<tr>
<th>Hospital Record #: ________________</th>
<th>Patient Name, Parent/Substitute Decision Maker</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCP #: __________________________</td>
<td>Address: (this would show through envelope window)</td>
</tr>
<tr>
<td>Discharge Date: ________________</td>
<td>PERSONAL AND CONFIDENTIAL</td>
</tr>
<tr>
<td>Yyyy-mm-dd</td>
<td></td>
</tr>
</tbody>
</table>

Dear Madam, Sir or Substitute Decision Maker:

This letter is being given to you in keeping with the Canadian Standards Association standards that state all patients shall be notified in writing of transfusion of blood and blood components.

During your recent hospital visit/stay, you received the following types of blood components or blood products:
- ☐ Red Blood Cells
- ☐ Platelets
- ☐ Frozen Plasma
- ☐ Blood Products

at ___________________________ hospital.

Name of hospital

If you require a detailed list of the blood components or blood products received, please discuss this request with your family physician.

We recommend that you keep these letters with your personal records. If you have any questions or concerns, please contact your family doctor or the physician who looked after you during this visit.

Sincerely,

Signed by the Medical Director/ Pathologist,
Blood Transfusion Laboratory