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<th>POSITIVE RECIPIENT IDENTIFICATION (PI)</th>
<th>NLBCP-064</th>
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<td><strong>Office of Administrative Responsibility</strong></td>
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Overview

If incompatible blood is administered in a transfusion, the donor cells are treated as foreign invaders, and the patient's immune system attacks them accordingly. Not only is the blood transfusion rendered useless, but a potentially massive activation of the immune system and clotting system can cause shock, kidney failure, circulatory collapse, and death. Preventable ‘wrong blood into patient’ incidents are nearly always caused by human error and may cause fatal reactions due to ABO incompatibility.

Most mis-transfusion incidents are caused by identification errors which may occur at the time of pre-transfusion blood sampling, sample handling in the laboratory, collection of the component from the blood bank, or transfusion to the patient.

Positive patient identification (PPI) at all stages of the transfusion process is essential including specimen collection, testing, and administration.

Note: For the process of transfusion of blood components and administration of blood products, the term “Recipient” is used by the NL Blood Coordinating Program. The Regional Health Authorities (RHA) may use the term patient, client, resident, or recipient.

Policy

1. Continuous and unequivocal identification of the recipient and blood component or blood product shall be established from the sample collection through to transfusion.

2. At least two identifiers are used before providing any service or procedure. Identifiers include:
   2.1. Recipient’s full name and date of birth;
   2.2. A unique identification number (e.g. MCP); and
   2.3. An authenticated photograph (e.g. driver’s license, passport, resident photo ID, Government issued photo ID).

3. The RHA shall have a policy for positive recipient identification. The requirements of the RHA for patient identification must be satisfied.

4. The RHA shall establish a process for positive recipient identification for those individuals with no personal identification and/or those who are unable to communicate. When the patient and families are not able to provide this information, other sources of identifiers can include identification bands, health records, or government-issued identification. Two identifiers may be taken from the same source.
5. Prior to initiating a blood component/blood product transfusion, two health care providers (or one healthcare provider and an electronic identification system) shall, in the presence of the recipient, positively identify the recipient using two unique identifiers.

5.1. The compatibility label/tag shall remain attached to the blood component or blood product until the transfusion is complete.

6. In the event of any discrepancy identified, the component/product is not transfused/administered until the discrepancy is resolved.

**Guidelines**

1. At every stage of the blood administration process the key elements are:
   1.1. Positive recipient identification;
   1.2. Excellent communication; and
   1.3. Good documentation.

2. The identity check between the patient and the blood component is the crucial final opportunity to avoid potential fatal mis-transfusion.

3. Recipient identification is completed in partnership with clients and families by explaining the reason for this important safety practice and asking them for the identifiers (e.g., “What is your name?”).

**Materials**

Recipient’s chart
Recipient’s identification band (or other source of identification).
Issue/transfusion card
Blood product/component

**Procedure**

1. The prescriber will ensure the order for transfusion/administration of blood components/products includes the recipient’s family and given name as well as a unique identification number.
2. Blood products and/or blood components to be obtained from the blood bank will be released upon completion of the following verifications:
   2.1. Electronic request from the nursing unit has been received in blood bank (Exception: computer downtime – use RHA approved request form). See Issuing Blood Components and Blood Products.
   2.2. Porter/nurse will provide the recipient’s name and unique identification number on arrival to the blood bank, in accordance with the RHA’s policy (e.g. addressograph label with name and MCP).

3. In preparation for transfusion, in the presence of the recipient, the transfusionist shall confirm and document that all identifying information linking the recipient and the blood component/product matches. This includes:
   3.1. The recipient (if able) will state his/her full name and date of birth.
   3.2. Verify the recipient name and unique identification number are an identical match (at a minimum) on:
       - Recipient’s identification band; and
       - Issue/transfusion card.
   3.3. Verify the unit number on the blood component or blood product tag is an identical match on:
       - Issue/transfusion card; and
       - Compatibility label/tag.
   3.4. Verify crossmatch details:
       - ABO group;
       - Rh type;
       - Crossmatch interpretation;
       - Special requirements/modifications, if applicable;
       - Expiry date; and
       - Exceptions to compatibility (if any) are documented.

4. The transfusionist will verify and document that all identifying information linking the recipient and the blood component matches for each unit/dose at the time of each transfusion/administration.

**Key Words**

Identification
References


