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

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Canadian Society for Transfusion Medicine (2011*). Standards for hospital transfusion services*, Version 3.0. Ottawa, ON: Author.

Krever, H, (1997*). Commission of inquiry on the blood system in Canada: Interim report recommendations*, p.1134. Ottawa, ON: Krever Commission.

Mish, F. (2003). *Merriam-Webster's collegiate dictionary*. Retrieved from http://www.merriam-webster.com/dictionary/transfusion.

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Hospital Logo

TEMPLATE FOR

Preliminary Discharge Summary/Clinical Care Map
(It is imperative that all comorbidities and interventions that affect Length of Stay (LOS) must be documented.)

Patient Name:
MCP #
Chart #:
Addressograph

Admission Date: _____ Predicted LOS: _____

Attending Physician: _____

Admitting Diagnosis: _____

Discharge Date: _____

To be completed by Medical Records:
Target LOS: _____ EDD: _____

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

Most responsible Diagnosis:	Did this affect LOS?
Pre-Admission Comorbidity (Primary Diagnosis):	☐ YES ☐ NO
Complications (Post Admission Comorbidity):	☐ YES ☐ NO
Secondary Diagnosis:	☐ YES ☐ NO

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)

1._____ 6._____

2._____ 7._____

3._____ 8._____

4._____ 9. _____

5._____ 10. _____

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 _____

Hospital Address Here	**TEMPLATE**	RHA Logo Here

Date: yyyy-mm-dd

Hospital Record #: _____ MCP #: _____ Discharge Date: _____ Yyyy-mm-dd	Patient Name, Parent/Substitute Decision Maker Address: (this would show through envelope window) **PERSONAL AND CONFIDENTIAL**

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