Document History:

Title: **Documenting the Final Disposition of Blood, Blood Components and Derivatives** **Site(s): All DSM sites**

Document #:	**160-INV-19**	**Version #:**	**03**
Section:	**Manitoba Transfusion Quality Manual for Blood Banks**	**Subsection:**	**INV Module**

Approved by: Dr. Charles Musuka **Written By:** TM Discipline Team

Signature: 

Date: 10-DEC-2013 Date: MAR-2011

1. Annual Review:

#	Reviewed by:	Date:	Approval:	Date:
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2. Summary of Revisions:

#	Details of Revisions:	Date:	Approval:	Date:
1	New document		A Kabani	31-MAR-2011
2	• 4.0 added for Trace Line sites to refer to Trace Line procedure	July 30 2012	C Musuka	05-NOV-2012
3	• 4.1.3, 4.2.2, 4.3.2 added BTS Added Rh Immune Globulin Treatment slip to ”Materials”, 4.1.1 and 4.1.1.1	Dec 10 2013	C Musuka	10-DEC-2013
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Documenting the Final Disposition of Blood, Blood Components and Derivatives

1.0 Principle

To document the final disposition of all blood, blood components and derivatives

2.0 Scope and Related Policies

2.1 Blood, blood components and derivatives shall be traceable from source to final disposition, i.e., visual inspection failure, transfusion/infusion, further manufacturing, or destruction:

- Further confirmation of transfusion/infusion may be facilitated by referring to applicable regional/site specific Cumulative Blood Product Records retained in patient chart. (Refer to Appendix 10)

2.2 Records of final disposition of Blood, Blood Components and Derivatives shall be kept indefinitely.

2.3 When a shipment is received for blood inventory purposes, the receiving facility shall be responsible for final disposition documentation.

2.4 When issued blood, blood components and/ or derivatives are shipped out of the facility with the patient; the receiving facility shall be responsible for the final disposition documentation.

2.5 When issued blood, blood components and derivatives are shipped out of the province with a patient the issuing facility shall be responsible for the final disposition.

3.0 Materials

Record of Transfusion (ROT) - Only with "Trace Line" LIS issued units
Blood, Blood Components and Derivatives blood bank copy of product tag (returned from ward)
Rh Immune Globulin Treatment slip
INV Form- Inter-facility Blood, Blood Component and Derivative Transfer
Appropriate Blood Bank Log

4.0 Procedure

Note: *For Trace Line sites refer to Trace Line procedure- Documenting the Final Disposition of Issued Blood, Blood Components and Derivatives in Trace Line*

4.1 Documenting final disposition for transfused blood, blood components and derivatives as "Confirmed Transfused".

4.1.1 Determine if blood, blood component or derivatives issued was transfused by:

- Receipt of completed ROT (if applicable)
- Receipt of completed pink Blood Bank copy of the product tag
- Receipt of completed Rh Immune Globulin Treatment slip
- Faxed INV Form- Inter-facility Blood, Blood Component and Derivative Transfer with completed final disposition information of date transfused (if applicable)

4.1.1.1 If above documentation **not** received/ available, contact clinical ward to search patients chart for:

- Completed ROT (if applicable)
- Cumulative Blood Record
- Completed White Chart copy of product tag
- Completed Rh Immune Globulin Treatment slip
- Other relevant documentation (e.g. nursing notes)

Note*: For "Trace Line" LIS issued units, additional ROT(s) may be requested from CBS/BTS/ and sent to clinical ward for completion.*

4.1.2 Document the following information in the appropriated blood bank log:

- Date transfused
- Initials of person documenting final disposition
- Confirmed transfused

4.1.3 For "Trace Line" LIS issued units the final disposition of "confirmed transfused" must also be received at CBS/BTS/. Insert facility specific policy of handling ROT.

4.2 Documenting final disposition for blood, blood component or derivative as "Discarded".

4.2.1 Document the following information in the appropriate blood bank log:

- Date discarded
- Initials of person documenting final disposition
- Indicate discarded as "expired" or discarded as "in date"

Note*: If discarded "in date" must document reason in the comment. (See procedural note 6.1)*

4.2.2 For "Trace Line" LIS issued units the final disposition of "discarded" must also be received at CBS/BTS. Insert facility specific policy of handling ROT.

4.0 Procedure Cont'd

4.3 Documenting final disposition for blood, blood components or derivatives as "Returned to blood supplier as requested".

4.3.1 Document the following information in the appropriated blood bank log:
- Date returned
- Initials of person documenting final disposition
- Transfer facility as blood supplier (CBS)
- Reason for return under comment

4.3.2 For "Trace Line" LIS issued units the final disposition of "returned to blood supplier as requested" must also be received at CBS/BTS. Insert facility specific policy of handling ROT.

4.4 Document final disposition for blood, blood components or derivatives as "transfer to another facility".

4.4.1 Document the following information in the appropriate blood bank log:
- Date transferred
- Initials of person documenting final disposition
- Transfer facility name

5.0 Reporting

5.1 Ensure required documentation is complete in Appropriate Blood Bank Log.

5.2 For "Trace Line" LIS issued units insert facility specific policy of handling completed ROT's.

6.0 Procedural Notes

6.1 Examples of reasons for discard:
- Broken bag
- CBS initiated discards
- Damaged label
- Improper storage
- No segments
- Out of storage for longer than 30 minutes
- Thawed not used (plasma components)
- Blood from outside WRHA
- Error on tag attached to bag
- Failed visual inspection
- Improper packing
- In transport longer than 24 hours
- Other- must specify