Preventing wrong component transfusion – importance of the final administration check

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BACKGROUND
The final administration check must be conducted next to the patient by a trained and competent healthcare professional who also administers the component. Positive patient identification at this final step is essential.

AIM
To determine if the final bedside check, if completed correctly and in full, can detect previous errors and prevent wrong component transfused (WCT). This includes ABO-incompatible red cells.

METHODS
A five-year retrospective analysis of WCT reports 2012-2016, collected data on the number of cases where an error occurred at or prior to administration, how many administration errors involved a one or two person check, if the wristband was present and correct and if the patient was able to participate in the checking procedure.

RESULTS

In 62% of cases the administration check was an opportunity to detect errors that occurred at earlier steps in the transfusion process e.g. at sampling, in the transfusion laboratory or at the point of collection from the issue refrigerator.

CONCLUSION
Although it is common practice in UK hospitals to have two healthcare professionals perform the final administration check, British Society for Haematology (BSH) Guidelines for the administration of blood components, state that ‘as a minimum, one professional must perform the checking/administration procedure, and that if local policy requires a two-person checking procedure, each person should complete all the checks independently - double independent checking (Harris et al. 2009). It is essential that at each step of the transfusion process each member takes responsibility for their step and not rely on others to get it right. SHOT recommends use of a 5-point checklist at the patient’s side immediately prior to connecting the transfusion (Bolton-Maggs et al. 2016): Figure 1. This can act as an aide memoire to complete positive patient identification and the necessary checks of the prescription, wristband and blood component.

IT IS ESSENTIAL THE FINAL ADMINISTRATION CHECK IS PERFORMED IN FULL AT THE PATIENTS SIDE THIS IS THE FINAL OPPORTUNITY TO GET IT RIGHT

Figure 1.

Blood Transfusion Bedside Checklist
Before each unit of blood is transfused, ensure you:
1) Check for blood component integrity
   – No clots, leaks, damage, discoloration or expiry
2) Check informed consent is documented
   – Reason & risk/benefits explained? Alternatives? Information given?
3) Confirm Positive Patient Identification (PPID)
   – Ask your patient to tell you their full name and DOB
4) Check unit tag against unit label, prescription, patient ID band and PPID
   – Are there any specific transfusion requirements?
5) Perform Observations
   – Baseline, after 15 minutes, end of transfusion & as per local policy

Now you may set-up your safe transfusion