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| 0BManual: |  | 1BTEMPLATE |
| Section: |  |
| Title:  | **Special Blood Requirements Notification Letter and Wallet Card** | orbcon_logo (1) |
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| Approved by: | ORBCoN Regional Managers |
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# Policy: When a patient is identified as requiring a special blood component, information should be provided to them to help ensure appropriate transfusion care should they be admitted to another healthcare facility.

# Purpose: To initiate and complete the special blood requirement notification letter and wallet card.

1. **Principle:** A standardized card that identifies patients who have special requirements for blood components will help minimize delays in patient care and improve patient safety. These patients should be encouraged to enroll in the MedicAlertP®P program (or an equivalent program) where their information is submitted and stored in a database that is accessible at any time by all first responders and healthcare professionals that may be involved in the care of these patients. Examples of Special blood requirements are:
* Irradiated components
* Antigen negative components for patients with known red blood cell (RBC) or platelet antibodies
* Washed components
* HLA matched components
* Phenotype matched components
* IgA deficient components
* Rh of components for Weak/Partial D Type
1. **Procedure:**

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| **Step** | **Procedure** | **Rationale** |
| 1. **Identify patients for special blood requirement**
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| ***If:*** | ***Then:*** |
| Identification is from physician or designate | 1. Review request form or equivalent for accuracy.
2. Review the clinical details of the request.
3. Ensure that required follow up testing has been completed and documented.
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| Notification is through laboratory testing | 1. Review that the testing information has been verified and signed by appropriate staff.
2. If results are based on findings reported by a reference laboratory, ensure that laboratory has not already provided a card to the patient.
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| Patient presents special requirement card or information from MedicAlertP®P or equivalent program or other healthcare facility prior to pre-transfusion testing | 1. Ensure patient identification is confirmed as per hospital policy.
2. Confirm special requirement is still needed (either through historical record check, testing or communication with facility that issued card/information)
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 | Verifies and documents request for special requirements for blood components. |
| 1. **Document Special Blood Requirements**
 | * 1. Ensure that the information is documented electronically (LIS) and/or manually (TM record card) in the patient’s laboratory record.
	2. Information should include:
* Reason for special requirement
* Duration of special requirement *(if applicable)*
* Name of requesting physician
* Follow up testing date and result
* Origin of request and contact information if available (if not this facility)
 | Documentation ensures patients receive appropriate components or products. |
| 1. **Complete the Special Blood Requirements Letter**
 | * 1. Using information in the electronic file (LIS) or manual file (TM record card), generate a letter to the patient confirming their special blood requirements. \**Note: if they have presented a wallet card and there is no new requirement, there is no need to generate a new letter or card.*
	2. Using Special Blood Requirement letter template or an institution specific generated form letter, enter the relevant patient information and select the applicable indication / reason and special requirement.
	3. Print letter.
	4. Include relevant information ‘fact’ sheets for the specific special blood requirement. Obtain a template of these information sheets on the website [32TUhttp://transfusionontario.org/en/documents/?cat=special\_blood\_requirements](http://transfusionontario.org/en/documents/?cat=special_blood_requirements)U32T.
	5. Inform the patient of the MedicAlertP®P or other similar programs to help provide health care professionals with important health information.
 | MedicAlertP®P or equivalent program can enhance patient safety and security in their overall health care. Information and registration forms for MedicAlertP®P can be obtained by visiting [32Thttps://www.medicalert.ca/](https://www.medicalert.ca/)32Tor by calling 1-800-668-1507. |
| * 1. **Complete the Special Blood Requirement Wallet Card**
 | 1. A Special Blood Requirement Wallet Card template is available on the website [32Thttp://transfusionontario.org/en/documents/?cat=special\_blood\_requirements](http://transfusionontario.org/en/documents/?cat=special_blood_requirements)32T. This card can be filled out electronically or manually.

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| *If:* | *Then:* |
| Preparing the card electronically | 1. Use Avery Business Card Product **# 55871™** card Size/Dim 2”x3½” (5.08 x 8.89cm) or similar size product.
2. Enter the information in all required sections of the card using existing file.

*\* Note: you may choose to batch print (e.g. print weekly or monthly) to save on card stock*. 1. Be sure to set printer up to accept card stock paper. Click File-Print-Page Setup-Paper to ensure that the document is set up to print manually. Ensure card stock paper is in the manual feed tray.
2. Select “Print document”.
3. If you need to make a new template be sure to use correct settings: Use Microsoft Word® Tools ►Letters and Mailings ►Envelopes and labels. ► Select Options and select Template 05371™ then OK►Design new card and save
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| **Note**: *If you use a card with different dimensions, then you will have to set the document up using the Tools tab – Envelope and Labels option and select the appropriate product number. A copy of the card must be pasted to the new document and reformatted. Follow individual instructions that accompany the business card product for formatting details.* |
| If preparing the wallet card manually | 1. Access the pre-printed wallet card
2. Hand write all required sections to be completed
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| * 1. **Supervisory review**
 | 1. Supervisor - review all supporting results and special blood requirements letter, card and relevant patient fact sheet(s) are correct prior to issuing and sign and date to document review complete.
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| 1. **Document date sent**
 | * 1. Indicate on patient’s file (LIS or TM Card) the date that the information was sent to the patient.
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# References:

1. Hamilton Regional Laboratory Medicine Program – Special Blood Product Request Form
2. The Ottawa Hospital – Significant Antibody Notification Letter/Card
3. London Laboratory Services Group – Blood Group/Special Needs Notification
4. Thunder Bay Regional Health Sciences Centre – Clinically Significant Antibody Notification Letter
5. [32TMedicAlert® Canada](http://www.medicalert.ca/)32T

# Related Documents:

# [Special Blood Requirement Letter Template](https://orbcon1.sharepoint.com/%3Ab%3A/g/ORBCoN%20GOAL%202%20PROJECTS/ERxnIU7Ll7tNvwQ4zw_Ln94Bs6Rgx0I8pViPNn-EgTEbYg)

[Special Blood Requirement Card Template](https://orbcon1.sharepoint.com/%3Aw%3A/g/ORBCoN%20GOAL%202%20PROJECTS/ESp1pMphA7xCsqrOaXiREDgBgqKmNriUzf74E9GvQ8hMyQ)

[Special Blood Requirement Irradiated Blood Patient Fact Sheet](https://orbcon1.sharepoint.com/%3Aw%3A/g/ORBCoN%20GOAL%202%20PROJECTS/EYw1LcvyQvVJmG9JLaFeglYBR309sk6cHH8rC6_RZg1WTg)

[Special Blood Requirement Red Blood Cell (RBC) Antibody Patient Fact Sheet](https://orbcon1.sharepoint.com/%3Aw%3A/g/ORBCoN%20GOAL%202%20PROJECTS/EdbPGLUECVRNlY6m1b7xxMYBw6-xCSQmnUPaemsHZpALEw)

[Special Blood Requirement Platelet Antibody Patient Fact Sheet (includes HLA matched)](https://orbcon1.sharepoint.com/%3Aw%3A/g/ORBCoN%20GOAL%202%20PROJECTS/EVd75HMbedZAgfQmq7G2pQ0BI6yt0Ig8D8TWYkrz6ZL_pA)

[Special Blood Requirement Washed Blood Patient Fact Sheet](https://orbcon1.sharepoint.com/%3Aw%3A/g/ORBCoN%20GOAL%202%20PROJECTS/Efhzw7-ads9Eh2BdLPsvJHgBkYToSQDP8bggjp6kxawBuQ)

[Special Blood Requirement IgA Deficient Patient Fact Sheet](https://orbcon1.sharepoint.com/%3Aw%3A/g/ORBCoN%20GOAL%202%20PROJECTS/EdldA0rnLTlNmSQVAlrws7MBZIp9sinJZmWPNOIcWaV2DA)

[Special Blood Requirement Weak or Partial D (Rh) Type Patient Fact Sheet](https://orbcon1.sharepoint.com/%3Aw%3A/g/ORBCoN%20GOAL%202%20PROJECTS/EcRe4hGw5SFMkXvxwKrvSQcBchUgIrnbZ25T8hwNEXKwpw)