1. **Principle**

To compare the current test results with previous records, to detect a possible error and, if applicable, to assist in the selection of appropriate blood products for transfusion.

1. **Scope and Related Policies**
	1. Before a red cell product is released for transfusion, interpretation of current tests must be compared with the patient’s records to detect a possible error or a potentially dangerous situation and to provide an opportunity for appropriate action. This comparison must be documented for the following records:9.1
* ABO and Rh typing
* Previous transfusions
* Difficulty in typing
* Clinically significant red cell antibodies
* Adverse reactions to a previous transfusion
* Special transfusion requirements
	1. Previous transfusion records shall be reviewed. Previous results must be compared with current results and discrepancies resolved.9.1
	2. Previous admission records alone shall not be used to obtain the recipient’s ABO and Rh group.
	3. Record of transfusion, transfusion complications, antibody reports and information required for lookback and traceback purposes must be kept indefinitely.9.2
1. **Specimens – N/A**
2. **Materials**

**Supplies:** Transfusion Service antibody records, files or computerized previous history

Request form or electronic order entry

1. **Quality Control – N/A**
2. **Procedure**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| * 1. Perform History Check
 | 1. Check for previous files or records See Procedural Notes 8.1 and 8.2
2. Document the history check on the request form or work card

|  |  |
| --- | --- |
| *If* | *Then* |
| no previous record is found | indicate “not on file” in the appropriate area on the request form and initial. |
| a previous record is found | compare the date of birth and, if possible, the hospital patient identification number on the request form and on the file. |

1. Check the following and record pertinent information:
* Previous ABO, Rh, antibody(ies)
* Difficulties in blood typing
* Previous transfusion or pregnancies, if applicable
* Previous adverse reactions
* Special blood product requirements, if applicable
 |

1. **Reporting – N/A**
2. **Procedural Notes**
	1. There must be a specific procedure for computerized Transfusion Medicine Laboratory (TML) file/history check. Follow an established procedure for a computerized history check, if applicable.
	2. If a previous record is not found, check for previous surname, if known. In case of duplicate names, check the date of birth and hospital patient identification number.
3. **References**
	1. Standards for Hospital Transfusion Services Version 3– February 2011. Canadian Society for Transfusion Medicine, 5.2.4-5.3.1.
	2. Standards for Hospital Transfusion Services Version 3 – February 2011. Canadian Society for Transfusion Medicine, Appendix A.
4. **Revision History**

|  |  |
| --- | --- |
| **Revision Date** | **Summary of Revision** |
| January 31, 2014  | * Revised name of manual
* Revised the terminology used for “the personal health number (PHN)” and replaced with “the hospital patient identification number” in section 6.1.2
* Revised wording to specify “hospital” identification number in section 8.2
* Updated both references to include the most updated version
 |