



DEPARTMENT OF PATHOLOGY

DARTMOUTH-HITCHCOCK MEDICAL CENTER

Lab Handbook Home

**Accreditation
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Labeling
Ordering
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Transfusion
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Massive

Transfusion

• Bloodloc System

Block Release

Protocol

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Components

Product Codes

Blood Bank & Transfusion Service . Bloodloc System

1. This system is designed to help prevent human error in either patient or patient specimen identification; transfusion accidents due to specimens being collected from a wrongly identified patient, an incorrect blood unit brought to an intended patient, or a blood unit brought to a wrongly identified patient; and to present a physical barrier which may eliminate liability.
2. A random, unique, three letter code (printed on a self-sticking label) is affixed to a patient's hospital wrist bar at the time of admission or specimen collection for pretransfusion testing. For pre-admission testing, the coded label will be included in the admission packet and will be affixed to the patient's wrist band at the time the band is placed on the patient.
3. The three-letter code is transcribed to the pretransfusion specimen tube label when the specimen is collected. The phlebotomist will underline the code to identify it from other information on the specimen label.
4. When blood components are to be issued for the patient the units will be placed into a clear plastic bag, a Bloodloc device set for the patient's unique, three-letter code will be used to "lock" the bag, and the lock will be scrambled. The lock will only open with the code attached to the intended recipient's wrist band.
5. The Transfusionist will dial in the code found on the patient's wrist band to open the lock. On removing the blood component(s), the Transfusionist will insure positive identification between patient, blood component and Record of Transfusion Form as is current policy (see paragraph F2). Should the lock fail to open when the patient code is dialed in..... **STOP**. Contact the Transfusion Service Lab, x7207, to investigate the cause for the lock not opening. Transfusion of the component should not be initiated until resolution of this disparity is resolved and positive identification of the patient and the correct blood component(s) is made.