

MOH 240A



REPUBLIC OF KENYA

MINISTRY OF HEALTH

BLOOD CROSS MATCH REGISTER

INSTRUCTIONS ON THE USE OF THE BLOOD CROSS MATCH REGISTER

1. Title:

Blood Cross Match Register.

2. Objective of the Instructions:

To describe how to complete the register accurately

3. Description of register:

Bound, serialized and paginated volume for recording and tracking all blood cross match tests done, and all blood units released and returned to the blood transfusion unit.

4. Location:

Must be physically located on the bench at the blood transfusion unit laboratory

5. Who fills the register?

The technical officer performing the tests, releasing blood or receiving returned blood units will fill the register.

6. Steps for filling the register:

Fill the register according to the format of the columns:

6.1. In the first column of the register (without a heading), number the sample or specimen in the order in which it was received at the bench.

6.2. Enter the date first as dd/mm/yyyy, followed by the time the specimen was received on the bench.

6.3. Enter the same lab number allocated to the specimen as it appears in the sample and specimen Reception register

6.4. Enter the patient's name as indicated in the sample and specimen request and report form.

6.5. Enter the actual age of the patient, in years, months or days, as recorded in the sample and specimen request and report form.

6.6. Record other details as specified in the sample and specimen request and report form. These include: sex, IP/OP Number, facility/ward/clinic of origin, bed where patient is located.

6.7. In the column for "Clinician Requesting" enter the name of the doctor in charge of the patient

6.8. Indicate the reasons for requesting cross matched blood.

6.9. Indicate the patient's blood group, both ABO and Rhesus, in the following columns

6.10. Indicate the number of units requested

6.11. Note whether fresh blood, whole blood, packed red cells, platelets, fresh frozen plasma or another blood product is required, by ticking in the appropriate space.

6.14. Indicate the Donor blood group including the Rhesus Factor.

6.15. Interpret the above results by indicating whether the patient's blood group is A, B, or O, by writing out the group, eg AB

6.16. Indicate the cross match number of the unit that has been screened. If more than one unit is screened, indicate in the space below and ensure that the next sample does not run in that row.

6.17. Indicate the date when the unit screened expires in the format dd/mm/yyyy

6.18. If any cross match reactions are noted, indicate whether SRT, ALB, at 37C or Coombs, by ticking in the appropriate space.

6.19. If you decide that the donor unit is compatible with recipient's blood, then indicate "Yes" in the space provided. If not, indicate "No"

6.20. The technician who makes the above decision writes down his name and signs.

6.21. Units issued: When units of blood are issued, indicate for each one the cross match unit number, the date and the time of issue.

6.22. Indicate what you see on visual inspection of the blood product retrieved from storage for cross matching purposes.

6.23. Released by: The name and signature of the officer who releases the unit of blood are indicated in the appropriate columns

6.24. Collected by: The name and signature of the officer who collects the unit of blood are indicated in the appropriate columns

6.25. Unit Returned: If blood is returned, the cross match number of that unit is noted, as well as the date and the time returned.

6.26. Unit returned by: The officer who returns the blood indicates his/her name and signs appropriately.

6.27. Reasons for return: are indicated in the appropriate column, e.g. patient absconded.

6.28. Comments: Any comments about the unit of blood will be entered in this column.

6.29. Unit Received by: The person who receives the blood that has been returned from the point of use indicates his name and signs.

Facility name: _____

District _____

Province _____

