Critical Care Watch Out Notice

Watch Out *for...*

PMID – Patient Misidentification.
Label blood samples from the wristband.

Watch Out Notice: 10 Date: 23rd Jan 2015 Produced By: Critical Care Governance Group
Authors: Peter McQuillan

What Happened?

- **A blood sample from Philip Young was labelled (erroneously) from the ICE lab form**
- **The patient was therefore misidentified**
- **Transfusion of blood cross-matched with Paul Sadler's blood is not compatible with Philip Young**

The Facts:

- At least 59 PMID episodes occurred in 2014 and 9 were in transfusion. These errors only come to light if a previous blood sample has a different blood group (hence the safety of the 2 sample protocol).
- This is not an infallible test as some patient may have the same blood group, so the error is not detectable.
- Misidentified samples leads to morbidity and potentially mortality

Protect Your Patients:

- **Label blood samples (only) from the wristband**
  Not from the request form (or from notes or consent forms).
  Ideally confirm some of the 4 points of ID with the patient
- **Do not label bottles until the sample has been taken**
  Hence it can only be done at the bedside, from the wristband
- **Patients rely on our professionalism – doing the right thing right**
  The GMC and GNC and Trusts may be critical of staff who do not follow standard procedures