Blood Lock System

Further Information Is Available By Contacting The Medical Director of the Transfusion Medicine Service: Zbigniew M. Szczepiorkowski, M.D. or the Blood Bank Medical Director, Nancy M. Dunbar M.D.

The Blood Lock 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.

A random, unique, four-letter code (printed on a self-sticking label) is affixed to a patient's hospital wrist band at the time of admission or specimen collection for pre-transfusion 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 that band is placed on the patient.

The four-letter code is transcribed to the pre-transfusion specimen tube label when the specimen is collected. The phlebotomist will underline the code to identify it from other information on the specimen label.

When blood components are to be issued for the patient, the units will be placed into a clear plastic bag, a blood lock device set for the patient's unique, four-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.

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.

Should the lock fail to open when the patient code is dialed in**..... S T O P!** Contact the Blood Bank, (5-7207), to investigate the cause for the lock not opening. Transfusion of the component(s) 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.