

A GOOD DROP OF RED



Blood Transfusion

Simple tips for transfusion safety – prescribing and administration

PRESCRIBING

Where do I write the order for blood?

Use the *Blood Products Order Form MR683.0* for all blood products – Red Blood Cells, Fresh Frozen Plasma (FFP), Platelets and Cryoprecipitate. Plasma derived pharmaceutical products such as Albumex, IVIg and other immunoglobulins, Prothrombinex and Factor Concentrates are also prescribed on this form.

Can I write the order for blood as per protocol (APP)?

No. All blood products must have an hourly rate prescribed and each bag must be completed within 4 hours.

Are there any exceptions?

Yes. **IVIg** can be written APP as there is a governance protocol that lists the infusion rates and rate increases according to the patient's weight. This is the **only** exception.

How many units should I prescribe?

In the stable patient, one unit of blood may be enough to relieve symptoms. Remember that each unit of blood may cause adverse effects to the patient.

How often do I have to get written consent?

Consent is valid for a single admission, so only needs to be obtained once during the admission.

Patients with ongoing transfusion requirements e.g. haematology conditions, are to be consented once only for the documented condition. If the patient requires transfusion for a

different ailment, another consent will be required.

Surgical patients consent to blood transfusion while in theatre and immediately post-operatively. If transfusion is required later in their admission, consent must be obtained on the Transfusion Consent form.

In emergencies, transfusion may occur without consent. However, this must be documented in the medical history, and the patient informed that this has occurred, once they are able to comprehend. To make this easier there is a section on the Blood Prescription form for entering the detail.

ADMINISTRATION

What should I do before sending for the blood?

- Ensure patient has patent IV access
- Check that consent has been obtained
- Take a set of baseline observations
- Send written patient details with the person collecting the blood, either the prescription form or a bradma label. Blood will not be released from pathology without this detail.

Once blood arrives on the ward

- Commence within 30 minutes, or return to pathology

Can I start it after 30 minutes?

Yes, but it must be finished within 4 hours of arrival on the ward.

What happens if the IV tissues during the transfusion?

To prevent wastage, the blood can continue to be used for up to 4 hours

of arrival on the ward and any remaining volume after this time must be discarded.

How do I commence a blood transfusion?

Independent checking at the bedside by two health professionals

- ask the patient to state their full name and DOB if able to communicate
- check the three patient identifiers – Name, DOB and UR number match on the wristband, tag attached to the blood bag, the blood bank issue report and the prescription
- check on the bag label that it is the correct product i.e. RBC, FFP, platelets or cryoprecipitate
- Check the blood group and donation number match on the blood bag, tag attached to the bag, the blood bank issue report
- check the expiry date of the product
- examine the bag for any signs of damage or deterioration

What observations must I take during transfusion?

Record TPR, BP and O2 saturation

- baseline
- 15 mins after commencement
- hourly and
- at the end of each blood bag
- observe for any adverse events

Before transfusing a patient it is your responsibility to know how to manage the procedure

Further information can be found on the Governance Documents website - **CPP0209 Blood and Blood Product Transfusion**

Take the time to get it right

