

Transfusion Procedure

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.

Following are policies relating to the transfusion of blood components at Dartmouth Hitchcock Medical Center. Refer to the Transfusion Committee Policy, Blood Transfusion and Blood Component Administration, for complete procedural information.

Blood Component Availability

There is no need to call the Blood Bank when a Prepare and Transfuse Order for any blood component is placed by the provider.

- If the order is for red blood cells (RBCs), consult eDH to determine if the patient has a current Type and Screen as determined by the "Spec OD" result- if so, the RBCs are ready for pick-up. If there is a delay in the availability of RBCs you will be notified by the Blood Bank.
- If the order is for plasma, platelets or cryoprecipitate the Blood Bank prepares the product and notifies you when ready for pick-up.

Blood Component Pick Up

Do not request blood components until you are ready to transfuse. Products that are returned may be discarded if out of temperature.

Use eD-H to request transportation for blood component pick up (call Transportation Services at 5-5580 during downtime) or use a unit based runner to pick up the blood component. The individual picking up the component(s) from the Blood Bank must present their employee identification badge and provide the following information to ensure the correct component(s) for the correct patient:

- Recipient's full name
- Recipient's DHMC Medical Record Number
- Type of product requested

Pink pick-up slips are available on patient care units or from stores.

Blood components for only one patient can be picked up to reduce the potential of a patient receiving the wrong unit of blood/blood component.

Blood Component Storage and Monitoring

A temperature indicator device will be attached to emergency release units and to each unit going to the OR to ensure that the unit temperature is maintained. If the indicator dot has turned red, the unit may still be transfused to the patient as long as the transfusion is completed within four hours from the time of dispense. All non-transfused units should be promptly returned to the Blood Bank.

No blood is to be put into unit/ward refrigerators. If blood cannot be transfused promptly it must be returned to the Blood Bank.

Starting a Blood Component Transfusion

Blood transfusion may be started by licensed physicians, transfusionist certified RNs, Certified Perfusionists or EMT/paramedics following standard hospital procedures.

PRIOR TO INITIATING TRANSFUSION, THE TRANSFUSIONIST MUST INSURE POSITIVE IDENTIFICATION BETWEEN PATIENT, BLOOD COMPONENT AND RECORD OF TRANSFUSION FORM.

Check the following information on the patient's ID band, component administration record label, and blood product container:

- Patient's full name
- DHMC Medical Record Number
- Date of Birth
- Component unit number
- Donor ABO Group and Rh Type
- Patient ABO Group and Rh Type
- Results of compatibility testing when appropriate
- Unit expiration date/time

If any error is detected in the verification and/or identification process, immediately contact the Blood Bank at 5-7207. Do not initiate transfusion until all discrepancies have been resolved.

If crossmatch compatible red blood cells are sent, the unit(s) must be opened using the blood lock code on the patient wristband. If the blood lock device does not open by using the code on the patient's wristband, the Blood Bank should be notified by phone at 5-7207 and the product must be immediately returned to the Blood Bank. A new sample may be required before transfusion can be given.

Transfusion Monitoring and Documentation

In appropriate spaces of the component administration record label and/or in the electronic medical record (EMR) indicate:

- Date and time transfusion is started
- Signature of Transfusionist
- Signature of an appropriate staff member who has reviewed and confirmed positive identification of patient to blood product and accompanying component administration record label
- Pre-transfusion vital signs within 1 hour prior to the initiation of the transfusion.

During actual transfusion, obtain a second set of vital signs at 15 minutes into procedure and enter these results onto the component administration record label or EMR.

At completion of the transfusion:

- Obtain post-transfusion vital signs within 1 hour and enter these on the component administration record label or EMR
- Enter date and time transfusion was completed
- Enter amount of product transfused

On completion of the above, enter the chart copy of the component administration record label in the patient's paper medical record on the transfusion sheet.

Blood may be run through a primary set, secondary set, or Y-type administration set with normal saline. An appropriate filter is required. Blood may not be run through any solution other than normal saline because of the danger of causing clotting or damage to cellular elements. No medication may be added to the blood or blood component.

Inpatients with normal cardiovascular status should be infused blood at a rate specified by the ordering provider. In most instances, this will require two to four hours for red blood cells. Should very slow infusion be necessary the Blood Bank should be asked to divide the unit into aliquots which can be stored at controlled temperatures until required. Careful monitoring of the patient is essential.