

TITLE: PATIENT CARE PRACTICE GUIDELINE CARE OF PATIENTS BLOOD AND BLOOD COMPONENTS - ADMINISTRATION		
FACILITY: St. Vincent's East	FUNCTION:	ORIGINATING DEPT: Nursing Administration
HOSPITAL SHARED POLICY? _X_ Yes ___ No		EFFECTIVE DATE:
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SCOPE: All Nursing
PURPOSE: To describe the policy and procedure necessary for blood and blood product administration.
DEFINITIONS:
POLICY: <ul style="list-style-type: none"> A. A physician's order must precede all blood and blood component transfusions. B. After receiving a physician's order, request a Type and Screen and Crossmatch for the appropriate blood product from the laboratory via the computer. If FFP is the only product requested, order a Blood Group and Rh and the appropriate number of FFP requested. C. Obtain informed consent for blood component transfusion. Minors and unresponsive patients shall have guardian/power of attorney or parental consent. D. The Laboratory will send a "blood ready" message via the computer for each unit crossmatched. These messages should be placed on the front

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The online version of this document is deemed current.*

- of the chart and will serve as notification that the units are available.
- E. Establish IV access 18 or 19 gauge catheter whenever possible.
 - F. The RN may start the IV line with Normal Saline or have the Normal Saline ready to infuse in case a transfusion reaction occurs or infusion slows significantly. Take patient's vital signs.
 - G. When blood is ready to be given, take a completed Blood Product Utilization form to the Blood Bank to obtain the blood. (Do not obtain blood before the IV has been started and vital signs have been taken.)
 - H. In the Blood Bank, check the information on the Blood Component Record Form against the information on the blood bag and sign as being "Released to _____." (Laboratory personnel will provide original of Transfusions Record at the time blood is released.)
 - I. Explain the procedure and its purpose to the patient. Ask the patient to report any symptom of adverse reactions such as shortness of breath, chills, headache, itching or rash immediately. Assess the patient for history of transfusions and transfusion reaction.
 - J. Immediately before transfusion, two nurses shall verify in writing that all information identifying the blood container with the patient has been matched in the presence of the patient. The following information must be checked while in the room:
 - 1. The name, date of birth, medical record number and Blood Bank armband on the patient's wristband and chart must be identical to the name and number on the transfusion form and compatibility tag.
 - 2. The expiration date of the blood product must be verified prior to transfusion.
 - 3. The blood or blood component must be checked against the physician's written order, to be sure the correct component is being given.
 - 4. Note: If any of the information does not match, do not give the blood or blood component. Notify the Laboratory and physician immediately.
 - K. Take the patient's vital signs (vital signs were taken in step F) and record on the Administration Record. Call patient by name and have patient identify himself.
 - L. When transfusion records correspond, the RN sets up the blood component with the pump compatible administration set.
 - M. Wash hands. Don gloves.
 - N. Spike blood bag and prime pump compatible administration set.
 - O. Start the blood or blood component and infuse it at KVO for the first 15 minutes.
 - P. Observe closely for the first 15 minutes. Take and record vital signs at the end of this period. If there is no evidence of a transfusion reaction, increase the rate to infuse over 2 - 4 hours.
 - Q. Continue to observe the patient frequently throughout the transfusion.
 - R. At the completion of the transfusion, record vital signs, complete Blood Component Record Form and return completed copy to the Laboratory.

- Discard the blood bag unless a reaction has occurred.
- S. Record vital signs 4 hours after the initiation of the infusion.
- T. A copy of the "Transfusion Information Sheet" must be given to all patients who are admitted for transfusion and discharged within 24 hours.

PROCEDURE:**II. BLOOD TRANSFUSION REACTION:**

- A. If during the course of a transfusion a patient experiences a greater than two degree rise in temperature a transfusion reaction is said to have occurred until proven otherwise. Stop the transfusion, evaluate the patient for clinical symptoms suggestive of a hemolytic reaction. If symptoms are suggestive of a hemolytic reaction the transfusion must be discontinued, notify the physician and Blood Bank immediately. If symptoms are not suggestive of a hemolytic reaction proceed as follows:
 - 1. Notify the attending physician and Blood Bank.
 - 2. The transfusion should be stopped and a post transfusion reaction blood specimen and urine collected by the laboratory.
 - 3. Perform a clerical check of all paperwork.
 - 4. Verify patient identification.
 - 5. Blood indicated in a febrile reaction, with no symptoms or findings suggestive of hemolysis, can be restarted at the physician's request, after the blood and urine specimens are collected and the clerical check is completed. Document the order to restart the blood on the "Transfusion Sheet."
Approved Blood Utilization Review Committee 12-9-94.
 - 6. In the event of an acute respiratory distress type reaction during a plasma transfusion:
 - a. Do not restart the existing unit.
 - b. Return the unused portion of the plasma to the blood bank.
 - c. Order another unit of plasma as a replacement if the transfusion is to be continued.
 - d. Keep the patient oxygenated during the reaction.

III. SPECIAL NOTE:

- A. If you are unable to hang unit of blood for any reason, return it to the blood bank before it has been out for 30 minutes. Do not put blood in refrigerator on the unit.
- B. After 30 minutes has elapsed, the blood bank will not accept the blood back for reissue and it will have to be infused or destroyed. If blood is not given, it should be returned to the lab to be destroyed.
- C. The entire contents of the blood bag must be infused in four hours or less. If this is not accomplished the physician must be notified.

- D. The blood filter may be used to infuse two units of blood but it cannot be used more than 4 hours.
- E. Blood must be infused by pump, unless otherwise directed by the physician. No medications or solutions other than normal saline may be added to the blood bag or tubing.
- F. Chart:
 - 1. Type and volume of blood or blood component given, time given, name of persons starting infusion.
 - 2. Include volume of blood component in intake and output.
 - 3. Vital signs prior to infusion, 15 minutes after beginning transfusion, at the completion of transfusion, and four hours after initiating the infusion.
 - 4. Do not use stick-on donor identification number from blood bag to document donor identification number.
 - 5. If any signs of reaction occur:
 - a) Type of reaction.
 - b) Time physician notified.
 - c) Treatment given.
 - d) Patient condition.

IV. BLOOD WARMING

- A. A blood warmer may be used when administering blood if ordered by a Physician.
- B. Equipment:
 - 1. Blood warmer (from Blood Bank).
 - 2. Blood/fluid warming set (includes tubing).
 - 3. Blood.
 - 4. Blood administration set.
 - 5. Normal saline solution, IV.
- C. Instruction for using the hotline:
 - 1. Clamp the HOTLINE securely to IV pole. DO NOT MOUNT THE HOTLINE MORE THAN 42" ABOVE THE FLOOR
 - 2. Be sure the air vents on bottom and back of unit are kept clear.
 - 3. Plug the HOTLINE into a 120V outlet.
 - 4. Refer to disposable insert for complete priming, set-up, cautions and warnings.
 - 5. Plug the Twin-Tube Connector of a HOTLINE disposable set into the socket on the right side of the unit. Be sure it is fully seated.
 - 6. Activate the power switch on left side of unit. The green "operating" light confirms proper operation. If any red light/audible alarms are active, refer to the operator's manual.
 - 7. Fully prime water path and check for water leaks before priming IV line and connecting to patient.
 - 8. Connect IV fluid supply promptly and fully prime HOTLINE FLUID WARMING SET. Make patient connection without entrapping air.

<p>Reprime set if patient connection is not promptly made.</p> <p>9. Using a clamp to adjust flow, begin administering fluids when water temperature reaches approximately 37C (maximum 15 minutes).</p> <p>After completion of transfusion and prior to returning the blood warmer to Blood Bank, <i>it is very important to clean the exterior with antibacterial wipes.</i></p> <p>D. Chart: Complete blood transfusion record. Note use of blood warmer in the nurse's notes.</p> <p>E. Warnings:</p> <ol style="list-style-type: none"> 1. Confirm integrity of patient line. 2. Do not stick HOTLINE tubing with needles. 3. Do not exceed 300 mmHg. Hand pumps can generate over 1000 mmHg. 4. All air must be removed from the IV lines prior to connection to the patient. Failure to do so could result in the introduction of air to the patient. Monitor fluid lines to ensure they are air-free. 5. Failure to follow the above warnings may result in patient injury or death.
<p>REFERENCES:</p> <p><u>Operator's Manual Level I</u>, Technologies, Inc.: Rockland, MA</p> <p>DeLoor, R. M. , 7 Schreiber, M. J. (1985) "Blood Warming" In <u>AACN Procedure Manual for Critical Care</u>, S. Millar, L. K. Sampson, & M. Soukup (Eds.). W.B.Saunders: Philadelphia.</p>
<p>ATTACHMENTS:</p> <p>None</p>
<p>APPROVAL ROUTING:</p> <p>Director of Nursing, VP of Nursing, Director of Blood Bank</p>
<p>REVIEW HISTORY:</p>
<p>REVISION HISTORY:</p> <p>6/00, 4/03, 7/05, 10/06</p>