



# Rancho Los Amigos National Rehabilitation Center

## DEPARTMENT OF NURSING

### ADMINISTRATIVE

### POLICY AND PROCEDURE

**SUBJECT:** Hemodialysis: Blood and Blood Products  
Administration

**Policy:** A190.1

**Effective Date:** July 3, 2023

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**PURPOSE:** To outline the management of patients receiving blood and blood products during dialysis treatment

#### **POLICY STATEMENT:**

- Dialysis Registered Nurses who have successfully completed the IV Therapy and Blood & Blood Component Competency Assessment may administer blood
- Blood transfusion during hemodialysis (HD) requires an order from the Primary Team and be approved by the Attending Nephrologist. (Excess blood transfusions in potential transplant recipients may lead to antibody production that would limit future compatible donors)
- Transfusion of packed red cells (PRC) should be used in severely anemic patients who are experiencing symptoms. Transfusion should never be utilized without a concurrent evaluation for causes of bleeding.

#### **PROCEDURE:**

##### 1. Blood & Blood Component Administration:

- The donor number will be placed into the medical record for that treatment.
- Administration Set-Up: may use Y-set of the saline line of the dialysis line set-up.
- Take vital signs: 30 minutes (before picking the blood); baseline prior to transfusion; 15 minutes after initiation of infusion; upon completion, and 1 hour after completion of blood transfusion.
- Assess the patient for any adverse reaction at least every 30 minutes throughout the transfusion and 4- 6 hours post-transfusion
- Start the blood transfusion at a slow rate for the first 15 minutes, and increase the rate as prescribed, to ensure completion of the transfusion in 4 hours, followed by an assessment for any possible reaction. If there is no evidence of reaction, the remaining blood may be infused via blood pump.
- The volume of blood to be administered should be considered at the beginning of dialysis for accurate fluid removal calculations. If the patient cannot tolerate the additional removal of this volume prior to transfusion, it may be necessary to dialyze an additional time post-transfusion to remove the added fluid volume, per nephrology orders.

2. Blood Transfusion Reaction. If patient experiences a blood transfusion reaction (e.g. fever, chills, dizziness/fainting, hives, itching, respiratory distress, wheezing, rales, dyspnea, fever, bradycardia) while receiving blood:

- Discontinue the blood **immediately**.
- Call Nephrology or attending physician immediately
- Do not return blood to patient if there is a change in blood color (i.e. port wine color). This might indicate hemolysis and may lead to life threatening hyperkalemia.
- Administer O<sub>2</sub> at 2-5 L/min via nasal canula, if necessary and ordered.
- Take vital signs
- Call a Rapid Response if necessary
- Complete Report of Transfusion Reaction
- Submit to Blood Bank:
  - Transfusion reaction work up as ordered
  - Remaining blood with tubing still attached

- Both pre and post-transfusion urine samples to assess for the presence of free hemoglobin
- Complete an Safety Intelligence Event
- Document all observations and intervention in Electronic Medical Record

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Rancho Los Amigos Infection Prevention and Control Policy number IC100

Rancho Los Amigos Policy C109- *Transfusion of Blood Products and Colloid Solution*

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