LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: BLOOD AND BLOOD PRODUCTS TRANSFUSION, ADMINISTRATION AND MONITORING

POLICY NO. 317B

CATEGORY: Provision of Care	**EFFECTIVE DATE:** 4/84
POLICY CONTACT: Rachel Rangwala, MD	**UPDATE/REVISION DATE:** 6/23
REVIEWED BY COMMITTEE(S): Blood and Tissue Utilization Committee	

PURPOSE:
To establish hospital practices to ensure the safe transfusion of blood to individuals and to comply with regulatory requirements.

POLICY:
Blood products should be hung within 20 minutes of receipt from the Blood Bank. If the transfusion cannot be initiated in this time frame, then the blood product should be returned to the Blood Bank. In extremely urgent situations, the reason for deviation from policy should be documented in the patient's chart. If blood transfusion has been initiated and the patient must be transferred, an RN or IV-certified LVN must accompany the patient to maintain monitoring of the transfusion and to provide information about the transfusion in a handoff communication.

DEFINITION:
Blood and blood products are biologic products and are intended for use in the treatment of patients.

BACKGROUND:
Medical judgment based on clinical evaluation and laboratory results will determine if a patient requires blood/blood products, the selection of the components, dosage, and the rate of administration. The Transfusion Medicine physicians are available at all times as a consult service through the blood bank (Extension **66227**). Specimen collection procedures and the testing of blood/blood products issued are in accordance with FDA guidelines. Patients receiving transfusions of blood/blood products will be consented prior to the initiation of the transfusion episode (See **Policy No. 628** – Informed Consent for Blood and Blood Product Transfusion) and will be educated in accordance to the Paul Gann Blood Safety Act (See **Policy No. 350**). As availability allows, the sequence of issue will be autologous, directed, then allogeneic blood. All patients transfused will be closely monitored.

REVISED: 6/95, 2/99, 1/02, 10/04, 7/10, 4/13, 1/14, 4/15, 4/18, 1/20, 8/20, 6/23
REVIEWED: 8/86, 10/89, 10/92, 6/95, 2/99, 1/02, 10/04, 7/10, 4/13, 1/14, 4/15, 4/18, 1/20, 8/20, 6/23

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SUBJECT: BLOOD AND BLOOD PRODUCTS
TRANSFUSION, ADMINISTRATION AND MONITORING

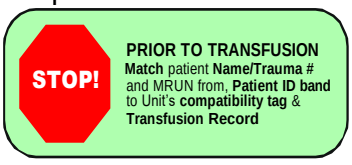
POLICY NO. 317B

The following policies and procedures in the Hospital Policy and Procedure Manual and the Nursing Procedure Manual are to be referenced at all times for transfusion of blood/blood products:

Hospital Policy No. 317A	Blood Bank Policy
Hospital Policy No. 320	Labeling of Laboratory Specimens
Hospital Policy No. 350	Paul Gann Blood Safety Act
Hospital Policy No. 628	Informed Consent for Blood and Blood Product Transfusion
Nursing Procedure Manual	Blood and Blood Products Transfusion, Administration and Monitoring

PROCEDURE:

I. BLOOD AND BLOOD PRODUCTS

Responsible Party	Action	Document
Transfusion Medicine Staff	**1.a.** Ensure that units intended for allogeneic use have been tested by appropriate tests including required licensed tests and found acceptable. **b.** Units intended for autologous use may not have tested negative for all required licensed tests but may be released for donor/patient use only based on the Transfusion Medicine policy for autologous transfusion. **2.** Red cell containing products are cross-matched with an acceptable patient sample. **3.** Store blood and blood products in equipment continuously monitored and with an alarm system. **4.** Prior to releasing any blood product, the technologist will: **a.** Ensure that the product is compatible with the patient's type & crossmatch and that it has any special attributes (leukocyte-reduced, irradiated, CMV negative, lacking particular RBC antigens, etc.) as required by the patient. **b.** Place a physical barrier sticker across the port or the zip lock bag of the blood product. This will remind staff to verify the intended recipient and the appropriate product. 	

II. SPECIMEN COLLECTION

Responsible Party	Action	Document
Provider/Nurse/ LVN/ Phlebotomist	**1.** Refer to Hospital **Policy #320**, Labeling of Laboratory Specimens for collection of specimen. **2.** Submit specimen to the Blood Bank. **3.** Submit a second specimen for type confirmation of patient's blood type when requested by Blood Bank. **Note:** Specimens expire at midnight on the third day after collection of the specimen. The day of collection is day 0.	Hospital **Policy No. 320**

III. BLOOD TRANSFUSION DECISION AND CONSENT

Responsible Party	Action	Document
Provider	**1.** Discuss the need for transfusion with the patient and inform the patient of risks and benefits of transfusion. If the patient chooses autologous or directed blood donation, refer the patient to the Blood Donor Center. **Note:** Blood processing will take approximately five working days. **2.** Secure an informed consent for blood/blood products transfusion. Discuss with the patient any individual instructions for blood product selection and administration. If the patient has refused transfusion, or has specific instructions regarding blood transfusion, nursing will be notified. Refer to Hospital **Policy No. 628** – Informed Consent for Blood and Blood Product Transfusion. Provide the patient with "A Patient's Guide to Blood Transfusion" in accordance with the Paul Gann Blood **Safety Act (HH687)**. Obtain the patient's signature, sign the form, give the patient a copy and retain a copy for the patient's chart. Refer to Hospital **Policy No. 350** Paul Gann Safety Act. **3.** Place order for the desired blood product(s). **4.** Place order for the transfusion. Order should include: Product desired, number of units desired, and rate of infusion (if different from standard).	Document discussion in the patient's medical chart. Informed Consent to Blood Transfusion, Refusal for Blood Transfusion, State Department of Health Services Pamphlet, "If You Need Blood: A Patient's Guide to Blood Transfusions"

IV. PREPARATIONS FOR THE BLOOD TRANSFUSION

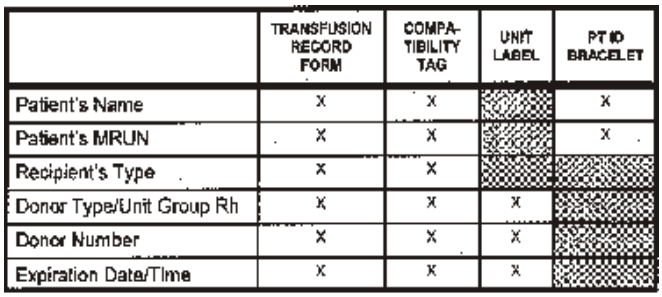
Responsible Party	Action	Document
Provider/RN/LVN	**1.** Verify the completeness of the transfusion order, including verification of the signed Informed Consent, the Refusal for Blood Transfusion (if completed), and the Patient's Guide to Blood Transfusions. **2.** Take patient's vital signs and record. Only transfuse the patients whose temperature is <37.8 C, unless there is a written order to transfuse the patient with a temperature ≥ 37.8 C. **3.** Verify the patient has a patent IV (or IV lock).	Patient's medical chart, Informed Consent to Blood Transfusion, Refusal for Blood Transfusion, State Department of Health Services: "If You Need Blood: A Patient's Guide to Blood Transfusions" (HH687)

V. BLOOD PICK-UP

Responsible Party	Action	Document
Provider/RN/LVN/ CRNA/CNA/ Volunteer/ Transfusion Medicine Staff	**1.** Print the pick-up slip for the desired blood product and take it to the Blood Bank to retrieve the blood product. **2.** Follow the instructions posted at the Blood Bank pick-up window and verify that all information matches. Blood Bank staff and person picking up the blood will complete and sign for the release and receipt of the product when all information matches. **Note: If any information differs, the blood/blood product shall not be released.** **3.** The person picking up the blood will hand it directly to the licensed staff member who will be transfusing the blood. Do not detour nor delay, and do not lay the blood/blood product down anywhere, e.g., bed, bedside table.	Blood Product Pick-up Slip Blood Product Pick-up Slip, Transfusion Record Form, Compatibility tag from the Transfusion Record Form, Label on Unit of Blood

VI. FINAL VERIFICATION OF PRODUCT AND PATIENT

Responsible Party	Action	Document
Provider/RN/LVN/ CRNA/CNA/NA	**1.** At the patient's bedside, **STOP** and verify with another licensed nurse (but no more than 1 LVN) or physician that all information matches according to the following chart, in each of the **4** documents: **1.** Transfusion Record Form **2.** Compatibility Tag **3.** Unit Label **4.** Patient ID Bracelet **2.** On the Transfusion Record Form, check the "Special needs" and "Antibodies". Compare on the Transfusion Record Form, that the blood products fulfill these attributes ("Product Attributes" under "Blood Product Data"). **Note:** In some cases, if the patient has certain RBC antibodies, then RBC units transfused to them must lack the corresponding antigens, which will be specified under "Product Attributes" (platelets, plasma, and cryoprecipitate do not have this requirement). **3.** Document this verification process on the Transfusion Record Form with the two individuals' signatures and date/time. **Note: If any information differs, or anything about the unit or the transfusion is in question, immediately return the product to the Blood Bank for clarification. DO NOT TRANSFUSE.**	Transfusion Record Form, Compatibility tag from the Transfusion Record Form, Label on Unit of Blood, Patient ID bracelet



	TRANSFUSION RECORD FORM	COMPA-TIBILITY TAG	UNIT LABEL	PT ID BRACELET
Patient's Name	X	X		X
Patient's MRUN	X	X		X
Recipient's Type	X	X		
Donor Type/Unit Group Rh	X	X	X	
Donor Number	X	X	X	
Expiration Date/Time	X	X	X	

VII. INITIATING THE BLOOD TRANSFUSION

Responsible Party	Action	Document
Provider/RN/LVN/ CRNA	**1.** Inspect product for any abnormalities (color, sterility, etc.) If unacceptable, return the product to the Blood Bank. **2.** Cellular blood components should be mixed thoroughly before use. **3.** Transfuse the product through a filter at the appropriate rate (Refer to **Nursing Policy**, Blood and Blood Products Transfusion, Administration and Monitoring). A standard (170-260 micron) filter may be used. **Note:** No medications or solution (unless approved by FDA for this use) may be routinely added or infused through the same tubing with blood components except 0.9% Sodium Chloride Injection (USP).	

VIII. MONITORING THE PATIENT AND COMPLETING BLOOD TRANSFUSIONS

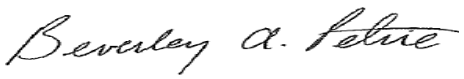
Responsible Party	Action	Document
RN/LVN/Provider/ CRNA	**1.** Obtain pre-transfusion vital signs within 30 minutes of initiating the transfusion. **2.** Spike the blood product and hang within 20 minutes of its arrival to the patient's bedside. **3.** Assess the patient for signs and symptoms of blood transfusion reaction, including vital signs as follows: **a.** The first 15 minutes of the transfusion or after the first 50 ml of blood infusion, whichever comes first **b.** Every hour during transfusion until the unit of blood is transfused **c.** At the completion of a unit of blood transfusion **d.** One hour after the completion of the unit of blood transfusion **4.** Counsel the patient to report any abnormal signs or symptoms over the next few months and to notify his/her health care provider about the transfusion when seeking care for any illness or condition.	Record the pre-transfusion vital signs in ORCHID Record intra- and post-transfusion assessments and vital signs in ORCHID on the required time frames. For reference, also use Blood Product Inpatient Workflow Hot Sheet (Job Aid) Document any deviations in the nursing notes. Document any changes in the nursing notes.

Responsible Party	Action	Document
	Exception: For patients transfused in the Infusion Center, monitoring for transfusion reactions will be performed during the transfusion. Patients are counseled by the physician to recognize signs and symptoms of reactions to transfusion. Additional post transfusion monitoring by the nursing staff is not required. **5.** Complete the following information on the Transfusion Record form: **a.** End Time **b.** Amount Transfused **c.** Presence/absence of reaction(s) File the chart copy of the Transfusion Record in the Patient's medical chart. **Note:** If any transfusion reactions are suspected, the individual monitoring the patient must stop the transfusion immediately. **6.** Report all adverse events related to transfusion including possible bacterial contamination of a blood component or suspected disease transmission to the Blood Bank.	

REFERENCES:

1. Current "Circular of Information for the Use of Human Blood and Blood Components", AABB, ABC, ARC
2. Current Edition of "Standards for Blood Banks and Transfusion Services", AABB
3. Perioperative Autologous Blood Collection and Administration, AABB
4. Laboratory User's Manual

Reviewed and approved by:
Medical Executive Committee 06/2023



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