

**OLIVE VIEW-UCLA MEDICAL CENTER
DEPARTMENT OF NEPHROLOGY
POLICY & PROCEDURE**

**NUMBER: 11746
VERSION: 1**

SUBJECT/TITLE: DIALYSIS: BLOOD AND BLOOD PRODUCT ADMINISTRATION DURING DIALYSIS

POLICY:

1. Registered Nurses in dialysis who have successfully completed the IV Therapy and Blood & Blood Component Competency Assessment may administer blood.
2. Blood transfusion during hemodialysis require an order from the Primary Team and be approved by the Renal Fellow or Attending Nephrologist. (Excess blood transfusions in potential transplant recipients may lead to antibody production that would limit future compatible donors.)

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

Transfusion of packed red cells should be used in severely anemic patients who are experiencing symptoms. Transfusion should never be utilized without a concurrent evaluation for causes of bleeding.

DEPARTMENTS: ALL

DEFINITIONS:

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.
 - The first 50 mL of blood should be administered over at least 10 minutes, followed by an assessment for any possible reaction. If there is no evidence of reaction, the remaining blood may infuse via blood pump over a 20 minute period.
 - The volume of blood to be administered should be considered at the beginning of dialysis for accurate fluid removal

SUBJECT/TITLE: DIALYSIS: BLOOD AND BLOOD PRODUCT ADMINISTRATION DURING DIALYSIS

Policy Number: 11746

Page Number: 2

calculations. If the patient cannot tolerate the additional removal of this volume prior to transfusion, it may be necessary to dialyze an additional period of time post-transfusion to remove the added fluid volume.

2. Blood Transfusion Reaction. If patient experiences a blood transfusion reaction (e.g. fever, chills, dizziness/fainting, hives, itching, respiratory distress, wheezing, rales, change in color (port-wine) of blood line, acute back pain or bradycardia) while receiving blood:

- Discontinue the blood immediately.
- Do not return blood to patient if there is a change in blood color (i.e. port wine color). This indicates hemolysis and may lead to life threatening hyperkalemia.
- Administer O2 at 2-5 L/min via nasal prong, if necessary.
- Take vital signs.
- Call RRT at x114
- Call Nephrology fellow or attending physician and Primary Care Team Physician.
- Complete *Report of Transfusion Reaction-Consult Request* on the Transfusion Record after patient is out of danger/distress.
- Submit entire transfusion set to Blood Bank.
- Submit purple top and red top specimen to Blood Bank and urinalysis if patient urinates.

SUBJECT/TITLE: DIALYSIS: BLOOD AND BLOOD PRODUCT ADMINISTRATION DURING DIALYSIS
Policy Number: 11746
Page Number: 3

References: OVMC Policy on Blood/blood component transfusion – Adult, No. 1081.	
Approved by: Bonnie Bilitch (Chief Nursing Officer), Judith Maass (Chief Executive Officer), Rima Matevosian (Chief Medical Officer)	Date: 07/03/2019
Review Date(s): 07/03/2019	Revision Date:
Next Review Date: 07/03/2022	
Distribution: Nephrology, Procedural Nursing	
Original Date:	