

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE****NUMBER: 1081****VERSION: 6****SUBJECT/TITLE: BLOOD/BLOOD COMPONENT TRANSFUSION - ADULT****POLICY:** Patients will receive safe, appropriate, and effective transfusion therapy at Olive View-UCLA Medical Center (OVMC).**PURPOSE:** To outline management of patients receiving blood/blood component transfusion.**DEPARTMENTS: ALL****DEFINITIONS:** Blood/Blood component transfusion is given to maintain and/or improve Hemoglobin level, etc. Blood transfusion has a major role in the management of patients, but complications may occur. Correct identification of patient, at the bedside, and labeling of blood/blood component prior to transfusion is the single most important step in preventing severe complications.**EQUIPMENT LIST:**
IV Infusion Pump
Y Blood Administration Set (with Filter)
Tape
Gloves
0.9% NaCl
Alcohol Wipes**PROCEDURE: CONTENT/STEPS:**

1. The Registered Nurse will verify in the patient's medical record the physician's transfusion order and the patient's signed informed consent.
 - Type of blood product ordered, including irradiated, CMV negative, etc., if specified.
 - Rate of infusion or flow rate, if specified.
 - Pre-medication, if ordered.
 - Use of blood warmer, if ordered.
 - Emergency Release, if ordered.
 - Consent to Blood Transfusion
2. The Physician will complete the request for blood products, including the indication for transfusion, through the Electronic Health Record (EHR)
3. The Registered Nurse will document in the EHR instruction & education provided to patient/family including:
 - a) Understanding of procedure.
 - b) Previous transfusion history and reactions.
 - Patients with previous history of transfusion reactions are more

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- likely to develop a reaction again.
- c) Description of the procedure, component, length of transfusion and expected outcome to patient.
 - d) Patient/family to report any unusual symptoms immediately.
4. Start IV according to hospital procedure if IV is not present. Use largest bore catheter that can be accommodated by patient's vein.
 - IV must be placed prior to obtaining blood.
 - Smaller diameter catheter may damage red blood cells.
 5. Obtain baseline set of vital signs (BP, PR, RR and Temp.), no more than 30 minutes before transfusion.
 6. Ask patient about any present symptoms that might be confused with transfusion reaction (e.g., fever, chills, itching, rash, dizziness, pain or allergic symptoms).
 7. Blood Pick-Up Slip will be printed by nursing for pick up at blood bank **only** after the provider order for **blood product transfusion has been verified using Blood Bank Summary with exception in clinical circumstances where massive transfusion protocol (MTP) has been activated. In such case, Blood Pick Up –MTP may be printed for blood products requested.**
 8. Present the "Blood Pick-Up Slip" to Blood Bank and note the quantity of the blood product to be picked up on the "Blood Pick-Up Slip". Obtain the blood product(s) prepared for pick up after checking information with Blood Bank Technologist.
 - Blood product may be picked up only by OVMC MDs/RNs or trained nursing personnel.
 - Blood Transporter shall only pick up blood product for one patient at a time.
 9. Inspect blood for the following:
 - a) Intact container.
 - b) Large clots or bubbles.
 - c) Discoloration.
 10. Two (2) licensed personnel must verify the following:
 - a) Chart shows patient's "Consent to Blood Transfusion" form signed
 - b) The Physician's Blood Transfusion Order has been verified**
 - c) Patient's Name and Medical Record Number (MRN) on Patient's armband must match with chart and Transfusion Record (unit tag).
 - Patient should state own name if able.
 - d) Blood/component label and transfusion record must match for:
 - Product description
 - Donor number. ABO/Rh. (Rh negative blood may be given to Rh positive patients).
 - Antibody screen, if applicable.
 - Check information by reading aloud from container label and Transfusion Record.

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e) Expiration date/time on component label.

IF ANY DISCREPANCY, Call and/or RETURN BLOOD TO BLOOD BANK IMMEDIATELY.

11. Complete all required information and ensure appropriate signatures on Transfusion Record prior to initiating transfusion.
 - Transfusion **must be initiated** within 20 minutes after leaving Blood Bank. Otherwise blood product should be returned to the Blood Bank within 20 minutes of pick up.
12. Administer blood/component in one of the following ways:
 - a) Using a “Y” type administration set, prime with normal saline (only) on one side and attach blood to second side of “Y.” Blood tubing may be connected directly to IV line or piggybacked into mainline IV, which has been stopped and flushed with saline prior to transfusion.

IV LINE MUST ALWAYS BE FLUSHED WITH 0.9% NaCl PRIOR TO INITIATING TRANSFUSION, NEVER USE ANY OTHER SOLUTION.

NO MEDICATIONS CAN BE ADDED TO THE BLOOD ADMINISTRATION SET.

A NORMAL SALINE LINE MUST ALWAYS BE PRIMED AND READY AT THE BEDSIDE TO CONNECT TO IV IN CASE OF A TRANSFUSION REACTION.

Note: If patient has a significant cold agglutinin identified, the Blood Bank will notify the nurse that the infusion needs to be delivered via a Blood Warmer.

13. **Vital signs should be taken at a minimum:**
 - Within 30 minutes prior to initiating transfusion.
 - 15 minutes after starting transfusion OR after 50 ml transfused, whichever comes first (remain with the patient and observe closely. Most severe transfusion reactions occur within the first 15 minutes of transfusion).
 - Hourly during transfusion and at completion.
 - Vital signs should be taken with any signs/symptoms of adverse reaction.
14. Begin transfusion by closing saline line and infusing blood at a slower rate than ordered initially.
 - Recommended time for infusion: 1-2 hrs. (routinely) – See physician’s orders.

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- Maximum time allowed: 4 hrs.
 - Y-Blood Administration Set may be used for 1 or 2 units.
 - Maximum time for use of Y-Blood Administration Set is: 4 hrs.
Total time of transfusion not to exceed 4 hours. If orders are given to transfuse unit more slowly (>4 hr.), ask Blood Bank to split the component and infuse one half at a time.
15. Flush IV Line with Normal Saline when transfusion is completed.
16. In the event of suspected adverse reaction to transfusion, **STOP THE TRANSFUSION**, keep IV open with normal saline, contact physician, call the blood bank and complete “Suspected Transfusion Reaction” form (OV1367).
- Refer to instructions for suspected adverse reaction on backside of page 1 of the Transfusion Record (Blood unit tag).
 - Blood Bank will direct which specimens are needed, based on blood product and symptoms. (Specimens are not needed if only hives are present).
 - Complete “Suspected Transfusion Reaction” form (side 1) including applicable information and signatures (RN and MD).
 - The Blood Bank is to be notified regardless as to whether physician agrees.
 - Place a copy of the “Suspected Transfusion Reaction” form in patient’s medical chart.
 - Return the blood/blood component bag, IV set and Transfusion Record (unit tag) to Blood Bank with the “Suspected Transfusion Reaction” form.
 - Complete Transfusion Reaction documentation in EHR.
17. If no reaction noted, complete required information on Transfusion Record (blood unit tag), including stop time, amount transfused, etc.
18. If no transfusion reaction occurred, dispose of empty blood bag in red biohazards waste bag. **Keep the Transfusion Record with the Patient’s Chart.**
19. Observe patient for possible delayed transfusion reaction, including respiratory distress.
- Delayed transfusion reactions may occur hours or days after transfusion is completed.
 - ***Refer to Job Aid Blood and Blood Product Nursing Workflow for Administration.***

DOCUMENTATION:

Complete documentation of transfusion in EHR related to:

- Type and volume of blood component, vital signs, IV gauge, site, time infusion initiated, and time completed, transfusion equipment utilized

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such as blood warmer (if applicable), or reason transfusion not completed (if applicable).

Chart Records

- Blood Transfusion iMed Consent or Blood Transfusion Consent (OV-1619)
- Transfusion Record.

References: American Association of Blood Banks, Technical Manual, 16 th edition, 2008, Bethesda, Md. Lynn-McHale D., Carlson K. AACN Procedure Manual for Critical Care, 5 th ed., (2005).	
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