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	Document Title:	<b>BLOOD TRANSFUSION</b>

B.S. Aquino Drive,  
Bacolod City,  
Negros Occidental,  
6100

### **PURPOSE:**

1. To ensure safe and appropriate use of blood and blood products that can save lives and *provide clinical benefits to many patients.*
2. To provide blood or blood components if there is blood loss during surgery or have certain medical conditions that affect blood or it's component.
3. To prevent possible serious consequences to the patient receiving incompatible blood which include shock due to intravascular hemolysis, cessation of renal blood circulation and death; A compatible transfusion may help to save a patient's life, an incompatible transfusion may kill.

### **SCOPE:**


Applies to all Nursing Service Division (department/ section/ unit) staff of Riverside Medical Center Inc.

### **PERSON RESPONSIBLE:**

Medical Doctors/Medical Interns, Staff Nurse, Medical Technologist

### **GENERAL GUIDELINES:**

- 1 Transfusion guidelines should be adhere at all times.
- 2 The reason for blood transfusion should be documented in patient's chart under the Medication and Treatment Record and in the Nurses Record.
- 3 Patients should be monitored during transfusion according to guidelines.
- 4 Urgent requests for blood must have appropriate documentation.
  - 4.1 Should the blood be required from the laboratory before the cross matching has been completed, the units can only be issued on the authority of the Attending Physician directly in charge of the case. The unit will bear labels stating that this blood is issued as suitable for the patient.
  - 4.2 If blood is required at short notice this must be arranged with the laboratory at the direct instruction and responsibility of the person medically in

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charge. The risk of issuing a unit that is not fully compatible must be balanced with the risk of delaying the transfusion.

- 5 It is the responsibility of the person collecting the samples for transfusion purposes to ensure beyond all doubt, the identity of the patient. Should the patient be unconscious or identification unreliable, a signature of identification should be obtained from a member of nursing or medical staff. All patients must wear wristbands clearly showing the patients name and date of birth.
- 6 Before any unit of blood is administered, two responsible people must complete the following procedure:
  - 6.1 Check patient's identity
  - 6.2 Check details on transfusion card with details on blood unit labels

#### **PROCEDURE:**

- 1 Nurse on duty checks doctor's written orders.
  - 1.1 Checks patient's blood type and CBC results. Blood typing and CBC examinations must be done at RMC Laboratory.
  - 1.2 Checks for any history of blood transfusion reactions/allergies.
  - 1.3 Identifies blood to be transfuse either packed red blood cells, fresh whole blood, platelet rich plasma, platelet concentrate or fresh frozen plasma.
- 2 Nurse on duty carries out doctor's orders.
  - 2.1 Explains procedure to patient to obtain cooperation, consent and allay anxiety.
  - 2.2 Secures signed consent
  - 2.3 Encodes blood and cross matching requests in the computer.



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3 Nurse on duty calls laboratory for availability of blood. If blood is available, Med Tech informs Station Nurse. If blood is unavailable, Med Tech informs Nurse on duty *to give instruction to watcher or relative with the following options:*


3.1 To secure blood from Red Cross/Regional

- 3.1.1 Nurse on duty issues request for blood to watcher.
- 3.1.2 Watcher secures blood from Red Cross/Regional Hospital/Negros First.
- 3.1.3 Watcher delivers blood to hospital blood bank.
- 3.1.4 Blood bank Med Tech informs Nurse on duty of the availability of blood and inquires if blood is for reserve or transfusion and cross matching.
- 3.1.5 Nurse on duty should also check blood bank if blood is already available.

3.2 To supply laboratory with volunteer donors preferably donors known to the patient/relatives.

- 3.2.1 Donors are presented to laboratory department for screening.
- 3.2.2 As soon as blood donor is available, Med Tech informs Nurse on duty to instruct watcher to go down to laboratory department to endorse and acknowledge blood donor.
- 3.2.3 Screening is done and the result reported to the Nurse.
- 3.2.4 If donor passed the screening test, Medical Technologist collects blood from donor and watcher is requested to go down to laboratory department to fill up acknowledgment receipt.
- 3.2.5 In cases when watcher is unable to go down to laboratory department or can not leave the patient alone in the room, the Nurse Supervisor on duty should facilitate blood procurement.

4 Medical Technologist extracts blood from patient for cross matching and cross match blood products and notifies nurse on duty that blood is compatible and ready.


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- 5 Nurse on duty informs Resident on duty to assess patient prior to blood transfusion.
- 6 Nurse on duty/nursing attendant gets blood from laboratory.
- 7 Nurse on duty prepares materials and supplies for blood transfusion.
- 8 Nurse on duty gives any pre-blood transfusion medications as ordered.
- 9 Each unit of blood / blood products must be checked by 2 Registered Nurses/Midwives (or one Nurse/Midwife & one Doctor) at the patient's bedside as to the following:
  - 9.1 To ensure that the patient is administered correct blood / blood products.
    - 9.1.1 Name of patient
    - 9.1.2 Blood preparation
    - 9.1.3 Blood type and RH factor
    - 9.1.4 Amount of blood
    - 9.1.5 Cross matching result
    - 9.1.6 Serial Number
    - 9.1.7 Expiration Date
- 10 Nurse-in-charge checks blood bag for any sign of damage and signs of leakage.
- 11 Medical Resident/ Interns assess patient prior to blood transfusion.
- 12 Nurse on duty checks baseline vital signs before transfusion.

### **DURING TRANSFUSION**

- 1 Nurse in-charge performs hand hygiene. Put on gloves.
- 2 Nurse in-charge attaches the unit of blood / blood products to administration set taking care that the sterile tip of the administration set does not touch the transfusion unit when being inserted fully into it. If contamination occurs, the administration set must be discarded.
- 3 Nurse in-charge adjusts flow rate and administer transfusion at prescribed rate.
- 4 Nurse in-charge ensures that tubing is anchored securely and Iv site is patent.




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- 5 Nurse in-charge observes blood transfusion precaution such as:
  - 5.1 Vital signs monitoring every 30 minutes
  - 5.2 Position patient on moderate back rest
  
- 6 Nurse in-charge observes signs of adverse reactions and anaphylaxis.
  - 6.1 Hemolytic (acute/delayed) signs and symptoms:
    - 6.1.1 Lumbar pain
    - 6.1.2 Headache
    - 6.1.3 Chest pain
    - 6.1.4 Fever, chills
    - 6.1.5 Nausea and vomiting
    - 6.1.6 Signs of shock
    - 6.1.7 Jaundice / anemia
  
  - 6.2 Allergic Reaction
  - 6.3 Urticaria
  - 6.4 Anaphylaxis (wheezing, dyspnea, shock)
  - 6.5 Pyrogenic Febrile Reaction
    - 6.5.1 Fever
    - 6.5.2 Chills


**Stop TRANSFUSION immediately if these SYMPTOMS are present.**

#### **AFTER TRANSFUSION**


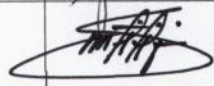
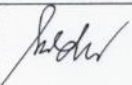


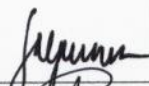

1. If no further intravenous infusion is required on completion of transfusion, disconnect administration set from cannula using a new venflon plug/obturator.
2. At the end of the transfusion, the nurse in-charge checks vital signs.
3. The nurse in-charge disposes the blood transfusion set directly into infectious waste and used needles on sharps. Empty blood bags must be sealed together with the yellow form and return to blood bank.
4. The nurse in-charge performs hand hygiene after disposal.
5. The nurse in-charge records the procedure at the back of the Medication and


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Treatment Record under IVF and Incorporation and Blood Transfusion Record (time started and terminated, blood type and RH factor, blood preparation, amount of blood, cross matching results, serial number, expiration date) and document in Nurses Record.

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	<b>SHALAINE SOCORO L. DURAN, RN</b> Nurse Manager for Operations		7/8/2022
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Reviewed:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		7/8/2022
Recommending Approval:	<b>MARIA LIZA C. PERAREN, RN, MAN</b> Nursing Division Officer		7/8/2022
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	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		


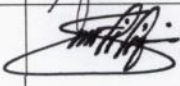
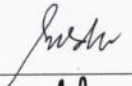


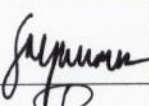

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KEY TASKS	PERSON RESPONSIBLE
1. Checks the doctor's order for transfusion and carries it out.	Staff Nurse
2. Secures consent for blood transfusion.	
3. Transfuse blood as ordered.	
4. Terminates blood after transfusion.	
5. Orders blood transfusion to chart.	Attending Physician/Medical Residents/Interns
6. Assess patient prior to transfusion.	
7. Gets the blood in the blood bank.	Nursing Aide
8. Monitors the vital signs during transfusions.	
9. Prepares and cross match blood products.	Medical Technologist



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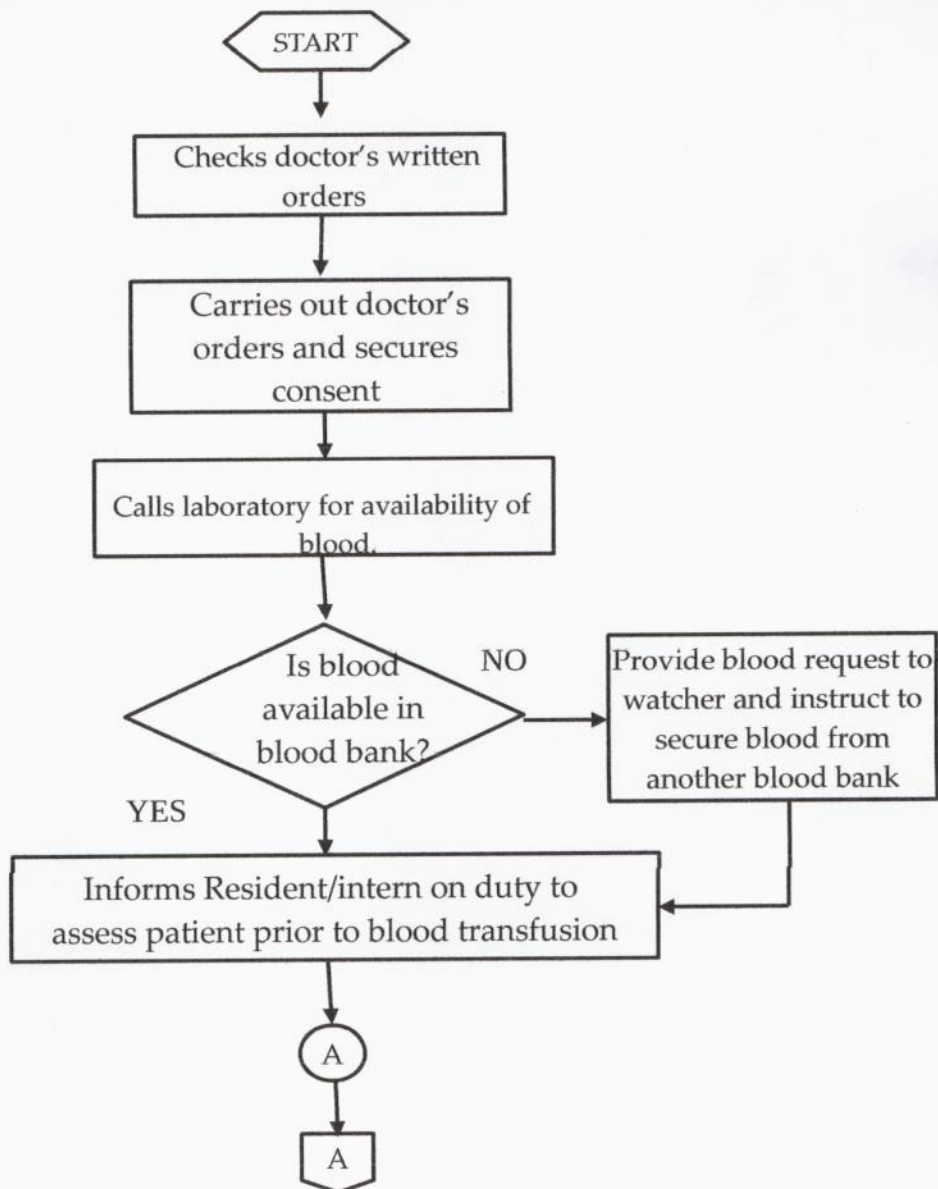


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### FLOWCHART

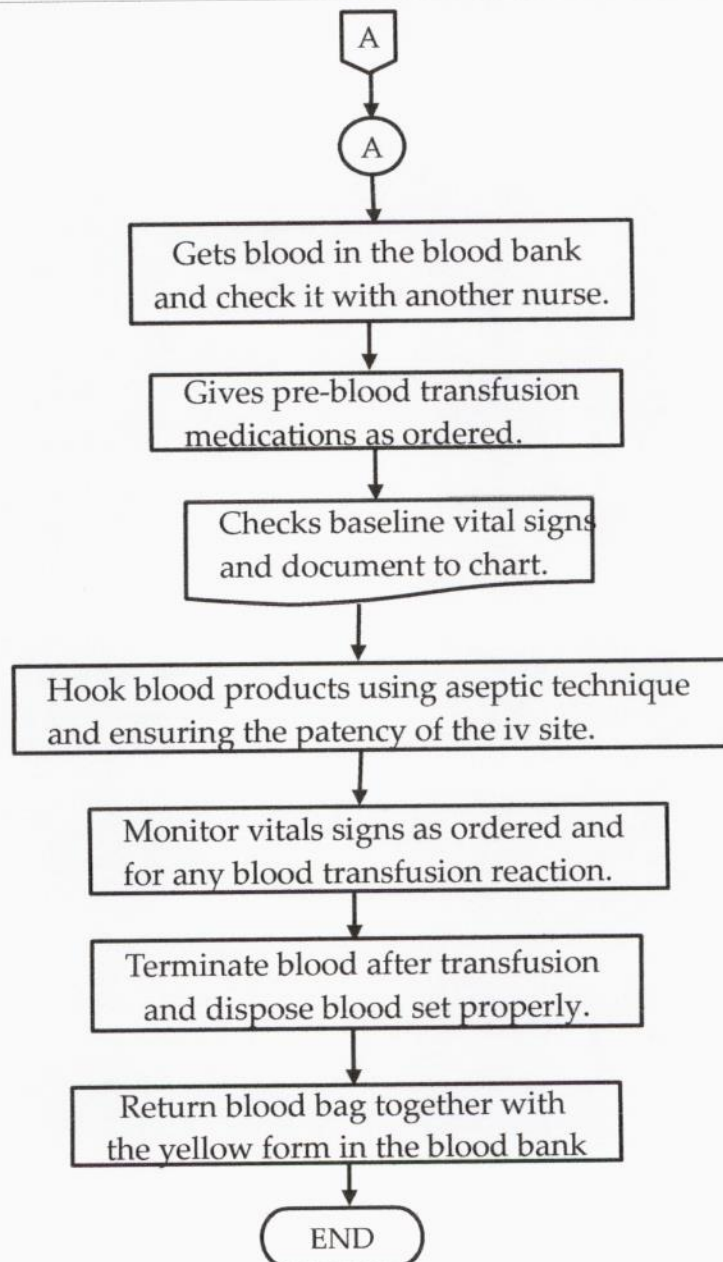





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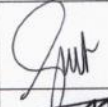
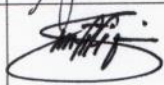
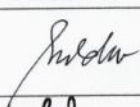


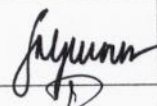

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