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### **PURPOSE:**

1. To replace blood or portions of blood lost through injury, surgery, or disease.
2. To maintain hemoglobin levels in severe anemia.
3. To replace specific blood component.

### **OBJECTIVE:**

To safely administer blood and blood products to patient's needing transfusion.


### **RESPONSIBLE PERSON:**

Attending Physician, Resident on duty, OB/GYNE Intern, Registered Nurse

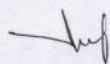

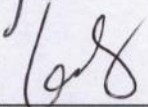
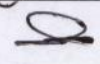
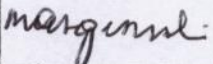
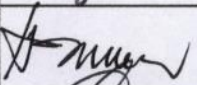
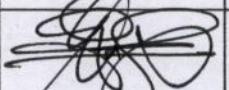
### **GENERAL GUIDELINES:**

1. A doctor's written order for blood transfusion should always be checked.
2. An informed consent properly explained by the physician and signed by the patient should always be secured.
3. Blood unit essentials should be checked at all times {two (2) nurses must identify the patient and the blood products before transfusion}
  - 3.1 Patient's name
  - 3.2 Blood type
  - 3.3 RH group
  - 3.4 Serial Number
  - 3.5 Cross matching
  - 3.6 Expiry date
4. Blood must be administered within 30 minutes from the time it is taken from the laboratory.




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**APPROVAL:**

	Name/Title	Signature	Date
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Reviewed:	GEORGE ANTHONY S. ANG, RN Accreditation Standards Internal Auditor for Patient Care		11/10/2020
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	HENRY F. ALAVAREN, MD, FPSMID Total Quality Division Officer		11/12/2020
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		12/15/2020



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### **EQUIPMENT NEEDED:**

- Blood unit
- Blood administration set
- Venipuncture tray, if patient does not have an IV line
- Needle G18
- Alcohol prep
- Disposable gloves
- Tourniquet
- Plaster
- PNSS for priming
- IV pole

### **PROCEDURE:**


1. Nurse on duty checks for a written doctor's order.
2. Attending Physician or resident on duty explains the procedure of administration of blood transfusion and secures an informed consent signed by the patient or patients representative.
3. Nurse on duty takes and records baseline vital signs.
4. Nurse on duty informs OB/GYNE Intern for blood transfusion assessment and OB/GYNE Intern writes an order to "go on or proceed with the blood transfusion".
5. Nurse on duty gathers the equipment and supplies at bedside.
6. Nurse on duty identifies patient properly by asking name and birth date, and by checking the bracelet.
7. Nurse on duty explains procedure and provide privacy to the patient.
8. Nurse on duty checks blood unit for essential data.
9. Perform hand hygiene before procedure.
10. Nurse on duty checks blood bag for bubbles, cloudiness, sediments, dark color or sign of bacterial contamination.




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11. Nurse on duty primes the tubing with NSS to ensure all bubbles are expelled.
12. Nurse on duty pulls back the tabs on the blood unit bag and exposes the port.
13. Nurse on duty carefully spikes the port and hangs the unit.
14. Nurse on duty fills the drip chamber by gently squeezing its flexible sides.
15. Nurse on duty primes the blood unit tubing.
16. Nurse on duty swabs the injection part with alcohol swab.
17. Nurse on duty shuts off the primary IV and begins the blood transfusion.
18. Nurse on duty infuses the blood slowly for the first 15 minutes.
19. Nurse on duty observes the patient closely for any adverse reactions such as fever, chills, headache, backache, nausea, vomiting, tachycardia, tachypnea, skin rash and hypotension. If the patient manifested any adverse reaction to the blood transfusion, Nurse on duty should:
  - a) Stop the transfusion immediately
  - b) Check vital signs
  - c) Maintain IV access using PNSS with a new IV line. Do not flush the existing IV line used for blood transfusion.
  - d) Check the right pack has been given to the right patient
  - e) Treat the patient as required
  - f) Notify blood bank, treating medical team and nurse in charge of shift
  - g) Document against patient and blood product ID rechecked, notifying blood bank and notifying doctor
  - h) Record signs and symptoms of transfusion reaction
  - i) Record management and investigation of transfusion reaction
20. If no adverse reaction is manifested, nurse on duty administers blood transfusion at desired rate.
21. Nurse on duty should monitor the administration of blood transfusion and should be completed within four (4) hours or as ordered by the attending physician.
22. Nurse on duty continues to monitor the patient throughout the transfusion.

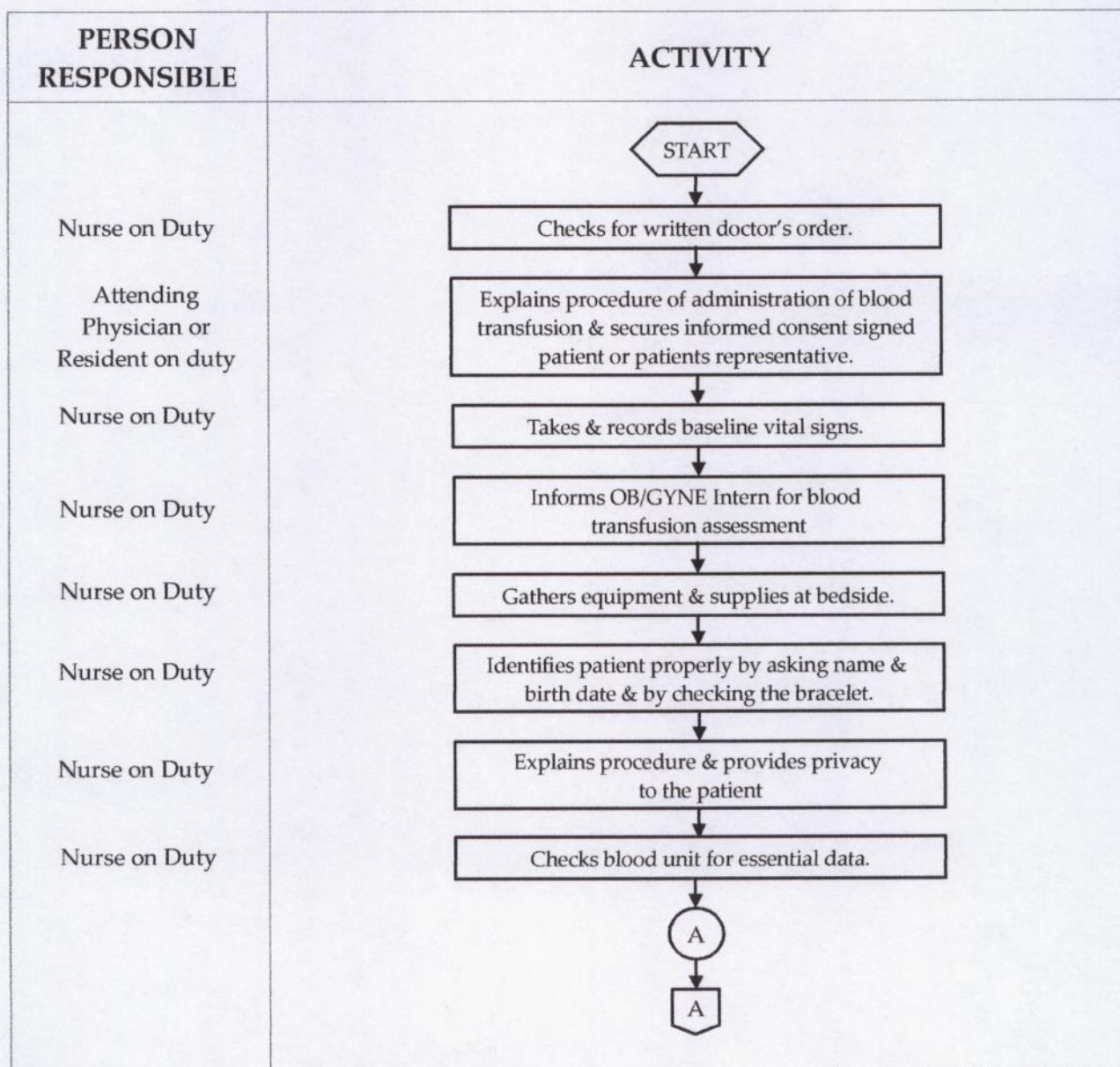


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23. After blood transfusion is done, Nurse on duty does aftercare and places the blood bag, blood set in a yellow bag and sends it to the Blood Bank for proper disposal together with the slip provided.
24. Universal precaution is always applied as Nurse on duty does handwashing before and after the procedure.

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### FLOWCHART:



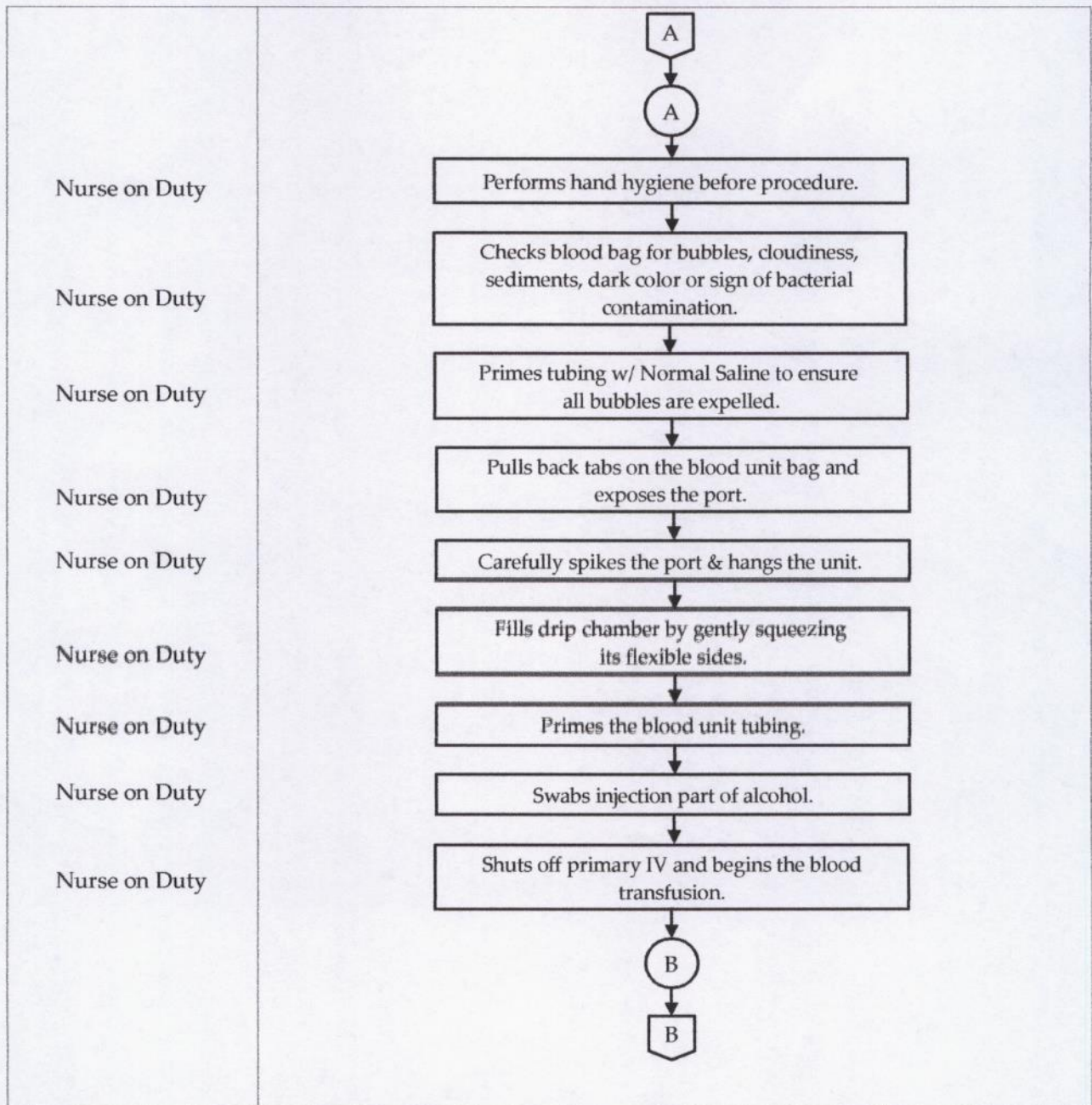




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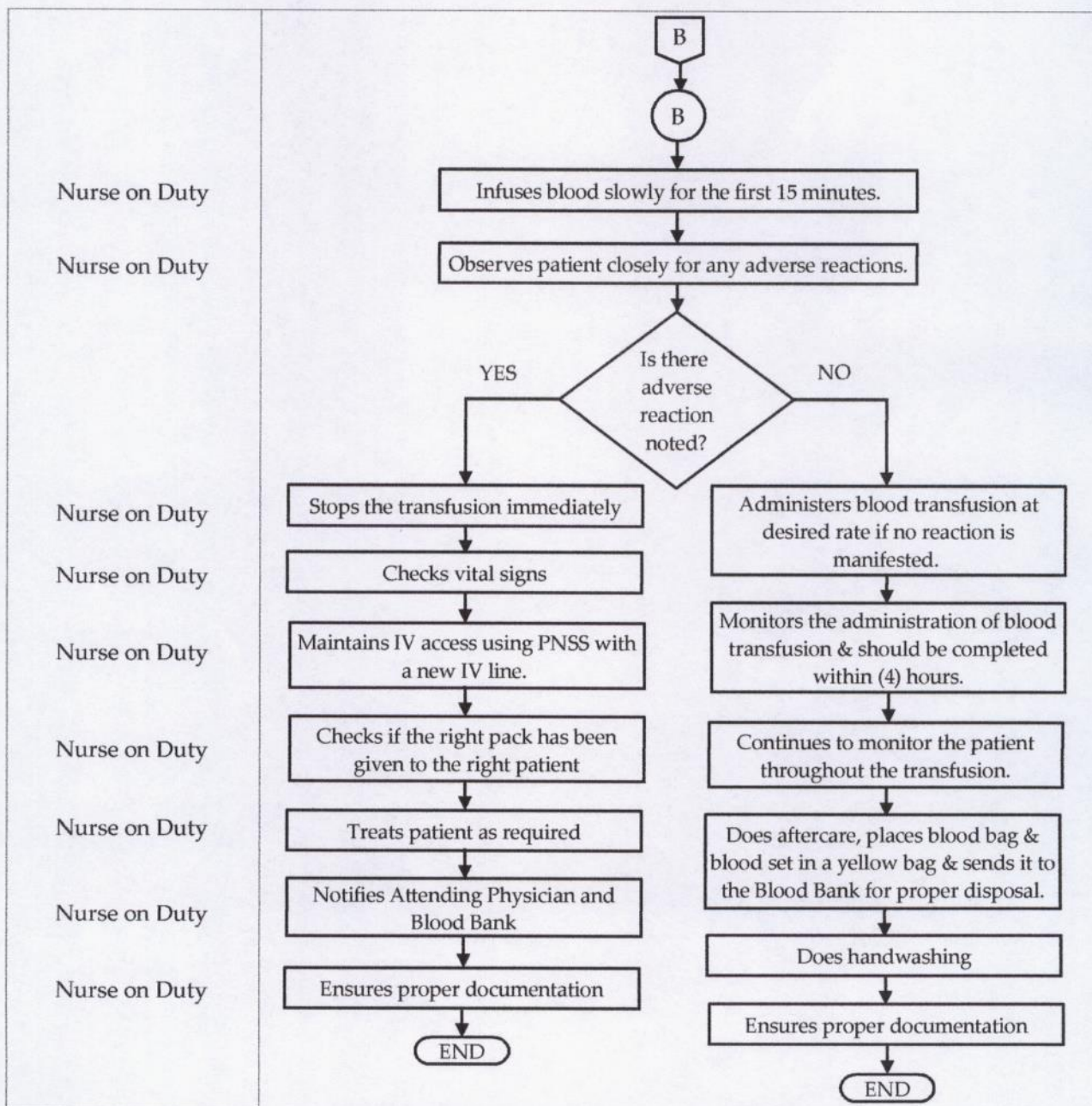





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[https://www.rch.org.au/bloodtrans/adverse\\_effects/Adverse\\_effects\\_of\\_transfusion/](https://www.rch.org.au/bloodtrans/adverse_effects/Adverse_effects_of_transfusion/)