



# RIVERSIDE MEDICAL CENTER, INC.



**METRO PACIFIC HEALTH**  
THE HEART OF FILIPINO HEALTHCARE

<b>DEPARTMENT:</b> Ancillary Division		<b>POLICY NUMBER:</b> DPOTMH-MPP-HEMO-P008 (01)	
<b>TITLE/DESCRIPTION:</b> <b>PROTOCOL FOR BLOOD TRANSFUSION IN THE HEMODIALYSIS UNIT</b>			
<b>EFFECTIVE DATE:</b> May 30, 2025	<b>REVISION DUE:</b> May 29, 2028	<b>REPLACES NUMBER:</b> HEMO-QP-21	<b>NO. OF PAGES:</b> 1 of 15
<b>APPLIES TO:</b> Hemodialysis Unit, Laboratory Department, Medical Service Division		<b>POLICY TYPE:</b> Multi disciplinary	

**PURPOSE:**

1. To ensure safe and appropriate use of blood and blood products in hemodialysis sessions.
2. To prevent possible blood adverse reactions during hemodialysis sessions.

**DEFINITIONS:**

**Dialyzer** – An equipment where the blood and dialysis solution circuit meet and where the movement of molecules between dialysis solution and blood across a semi-permeable membrane occurs.

**RESPONSIBILITY:**

Hemodialysis Personnel, Nephrologist, Physicians On-Duty, Nurses, Medical Technologist

**POLICY:**

1. All Personnel involved in the transfusion of blood shall have an In-Service Training in safe blood transfusion practice every two years and the training shall be documented in their 201 file.
2. Transfusion guidelines shall be adhered to at all times.
3. The reason for blood transfusion shall be documented in patient's chart under the Medication and Treatment Record and in the Nurses Record.
4. Patients shall be monitored during transfusion according to guidelines.
5. Urgent requests for blood shall have appropriate documentation.
  - 5.1. The units can only be supplied with the physician's consent if blood is obtained from the laboratory before cross-matching is completed.
  - 5.2. If blood is required at short notice this shall be arranged with the laboratory at the direct instruction and responsibility of the person medically in-charged. The risk of issuing a unit that is not fully compatible shall be balanced with the risk of delaying the transfusion.
  - 5.3. For urgent need of blood during emergent cases, the Nurse and Medical Technologist assigned in the Blood Bank Section shall coordinate with the Nurse Supervisor On-Duty to facilitate immediate procurement of blood.





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6. It is the responsibility of the Med Tech collecting the samples for transfusion purposes to ensure beyond all doubt, the identity of the patient. If patient is unconscious or identification unreliable, a signature of identification shall be obtained from Hemodialysis Renal Nurse In-Charged or Hemodialysis Personnel. All patients shall wear wristbands clearly showing the patients name and date of birth.
7. Before the administration of Blood, two personnel (Hemodialysis Renal Nurse and Med Tech) shall complete the following procedures:
  - 7.1. Check patient's identity.
  - 7.2. Check details on transfusion card with details on blood unit labels.
  - 7.3. Sign and countersign the Laboratory Cross-matching Form.
  - 7.4. Sign and countersign the blood unit label.



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## PROCEDURE (SOP):

### Before Blood Transfusion

1. Hemodialysis Renal Nurse ensures doctor's orders are complete, accurately identifies patient's chart, checks blood type and CBC results, and checks for transfusion reactions or allergies, identifying blood to be transfused.
2. Hemodialysis Renal Nurse performs doctor's orders, explains procedures to patients, obtains consent, and calming anxiety, records signed consent and encodes blood and cross-match requests in a computer.
3. Hemodialysis Renal Nurse contacts the laboratory to check blood availability, and if it's available, the Med Tech informs the station. If not, the nurse gives instruction to the folks or relative with the following options:
  - 3.1. To secure blood from other certified bloodbanks (Red Cross/Regional Hospital/ Negros First).
    - 3.1.1. The Nurse on-duty issues request for blood to watcher.
    - 3.1.2. The folks secure blood from other blood banks.
    - 3.1.3. The folks deliver blood to the hospital blood bank.
    - 3.1.4. The Blood Bank Med Tech receives the blood and updates the Hemodialysis Renal Nurse.
    - 3.1.5. The Hemodialysis Renal Nurse calls Blood Bank to confirm if blood has been crossmatched and / on processed and can be released.
  - 3.2. To supply laboratory with volunteer donors (preferably donors known to the patient/relatives) as per RA 7719.
    - 3.2.1. Donors are presented to Laboratory Department for screening.
    - 3.2.2. As soon as the 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. The Med Tech performs screening and reports results to the Hemodialysis Renal In-Charged.
    - 3.2.4. If the donor passed the screening test, the Medical Technologist collects blood from donor and the watcher is requested to go down to the laboratory department to fill up Acknowledgement Receipt.
    - 3.2.5. In cases when watcher is unable to go down to the Laboratory Department or cannot leave the patient alone in the room, the Nurse Supervisor On-Duty



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department to fill up Acknowledgement Receipt.

- 3.2.5. In cases when watcher is unable to go down to the Laboratory Department or cannot leave the patient alone in the room, the Nurse Supervisor On-Duty facilitates the blood procurement. For urgently needed blood, the Nurse/Med Tech on duty coordinates with the Nurse Supervisor On-Duty to facilitate emergency procurement of blood.

4. Medical Technologist extracts blood from patient for cross-matching.
5. Medical Technologist cross matches the blood.
6. Medical Technologist notifies Nurse On-Duty that blood is compatible and ready.
7. Nurse On-Duty informs the Resident on duty to assess patient prior to blood transfusion.
8. Nurse On-Duty/nursing Attendant gets blood from the laboratory (For in-patient: Staff Nurse In-Charged at station will get the blood at the blood bank and endorse the blood to hemodialysis unit)
9. Hemodialysis Renal Nurse On-Duty prepares materials and supplies for blood transfusion.
10. Hemodialysis Renal Nurse On-Duty gives any pre-blood transfusion medications as ordered.
11. Two (2) Registered Hemodialysis Renal Nurse/Doctor checks each unit of blood/blood products, at the patient's bedside:
  - 11.1. To ensure that the patient is administered correct blood / blood products.
    - 11.1.1. Name of patient
    - 11.1.2. Blood component
    - 11.1.3. Blood type and RH factor
    - 11.1.4. Amount of blood
    - 11.1.5. Cross matching result
    - 11.1.6. Serial Number
    - 11.1.7. Expiration Date
12. Hemodialysis Renal Nurse checks blood bag for any sign of damage and signs of leakage.





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## During Blood Transfusion

1. The Hemodialysis Renal Nurse On-Duty washes and dry hands, apply alcohol & hand scrub, put on gloves to remove transient organisms and to prevent cross infection.
2. The Hemodialysis Renal Nurse On-Duty notifies Physician-On-Duty of the start of the blood transfusion.
3. The Hemodialysis Renal Nurse On-Duty checks vital signs before transfusion.
  - 3.1. The Hemodialysis Renal Nurse-On-Duty obtains a baseline observation and records patient's temperature, pulse, respirations and blood pressure.
4. The Hemodialysis Renal Nurse attaches the blood set to the Arterial Port of the Blood line (Hemodialysis Access blood line) using a central venous catheter (CV line).
5. Attach 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.
  - 5.1. To prevent extrinsic contamination, care shall be taken not to puncture the infusion bag / unit.
6. Hemodialysis Renal Nurse adjusts flow rate and administer transfusion at prescribed rate.
  - 6.1. Prescribed infusion time is a maximum of 4 hours to prevent deterioration of blood.
    - 6.1.1. Regulate blood 10-15 drops for the first 30 minutes then 25-30 drops thereafter or according to doctor's order.
    - 6.1.2. If patient has an IV fluid, shut off present IV fluid, disinfect the Y- tube with alcohol sponge and start blood transfusion.
7. Hemodialysis Renal Nurse ensures tubing is anchored securely.
  - 1.1. To prevent dislodging of the blood set from the blood line.
2. Observe blood transfusion precaution such as:
  - 2.1. Vital signs monitoring every 30 minutes.
  - 2.2. Position patient on moderate back rest.
3. Hemodialysis Renal Nurse observe signs of adverse reactions/collapse and anaphylaxis.
  - 3.1. Anaphylactic shock, though rare, is a life threatening reaction requiring immediate detection and treatment.
  - 3.2. If a reaction has occurred, refer to the Attending Physician and Blood Bank Staff for advice regarding the safe transport of the whole system i.e. blood products, cannula, administration set, etc.
  - 3.3. The blood unit will be returned to Bloodbank immediately for recheck of Blood Type and







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Crossmatching result.

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

1. The Hemodialysis Renal Nurse observes access site for duration of transfusion.
  - 1.1. To prevent dislodging of the access.

**After Blood Transfusion**

1. At the end of the transfusion, the Hemodialysis Renal Nurse re-checks blood pressure, pulse and temperature.
  - 1.1. To maintain continuity of care and accurate record keeping.
2. Physician-On-Duty assesses patient before starting another unit of blood as ordered.
3. Hemodialysis Renal Nurse documents the procedure at the Hemodialysis order sheet (time started and terminated, blood type and RH factor, blood preparation, amount of blood, cross matching results, serial number, expiration date) and record in the Medical History Sheet provided.





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## WORK INSTRUCTION:

KEY TASKS	PERSON RESPONSIBLE
<b>Before Blood Transfusion</b>	
1. Ensures doctor's orders are followed, accurately identifies patient's chart, checks blood type and CBC results, and checks for transfusion reactions or allergies, identifying blood to be transfused.	Hemodialysis Renal Nurse
2. Performs doctor's orders, explaining procedures to patients, obtaining consent, and calming anxiety, while also recording signed consent and encoding blood and cross-match requests in a computer.	
3. Contacts the Laboratory to check blood availability, and if it's available.	
4. Extracts blood from patient for cross-matching.	Medical Technologist
5. Cross matches the blood.	
6. Notifies Hemodialysis Renal Nurse that blood is compatible and ready.	
7. Informs Physician On-Duty to assess patient prior to blood transfusion.	Hemodialysis Renal Nurse
8. Gets blood from the Laboratory (For in-patient: Staff Nurse in-charged at station will get the blood at the blood bank and endorse the blood to hemodialysis unit)	
9. Prepares materials and supplies for blood transfusion.	
10. Gives any pre-blood transfusion medications as ordered.	
11. Ensures that the patient is administered correct blood / blood products	
12. Checks blood bag for any sign of damage and signs of leakage.	

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KEY TASKS	PERSON RESPONSIBLE
During Blood Transfusion	
1. Wash and dry hands, apply alcohol & hand scrub, put on gloves.	Hemodialysis Renal Nurse
2. Notifies Physician-On-Duty of the start of the blood transfusion.	
3. Checks vital signs before transfusion.	
4. Attaches the blood set to the Arterial Port of the Blood line (Hemodialysis Access blood line) using a central venous catheter (CV line).	
5. Attaches the blood units to administration sets, ensuring sterile tip doesn't touch transfusion unit. If contamination occurs, discard set.	
6. Adjusts flow rate and administer transfusion at prescribed rate.	
7. Ensures tubing is anchored securely.	
8. Observes sign of adverse reactions/collapse and anaphylaxis.	
9. Stops transfusion immediately if these symptoms are present.	
10. Observes access site for duration of transfusion.	
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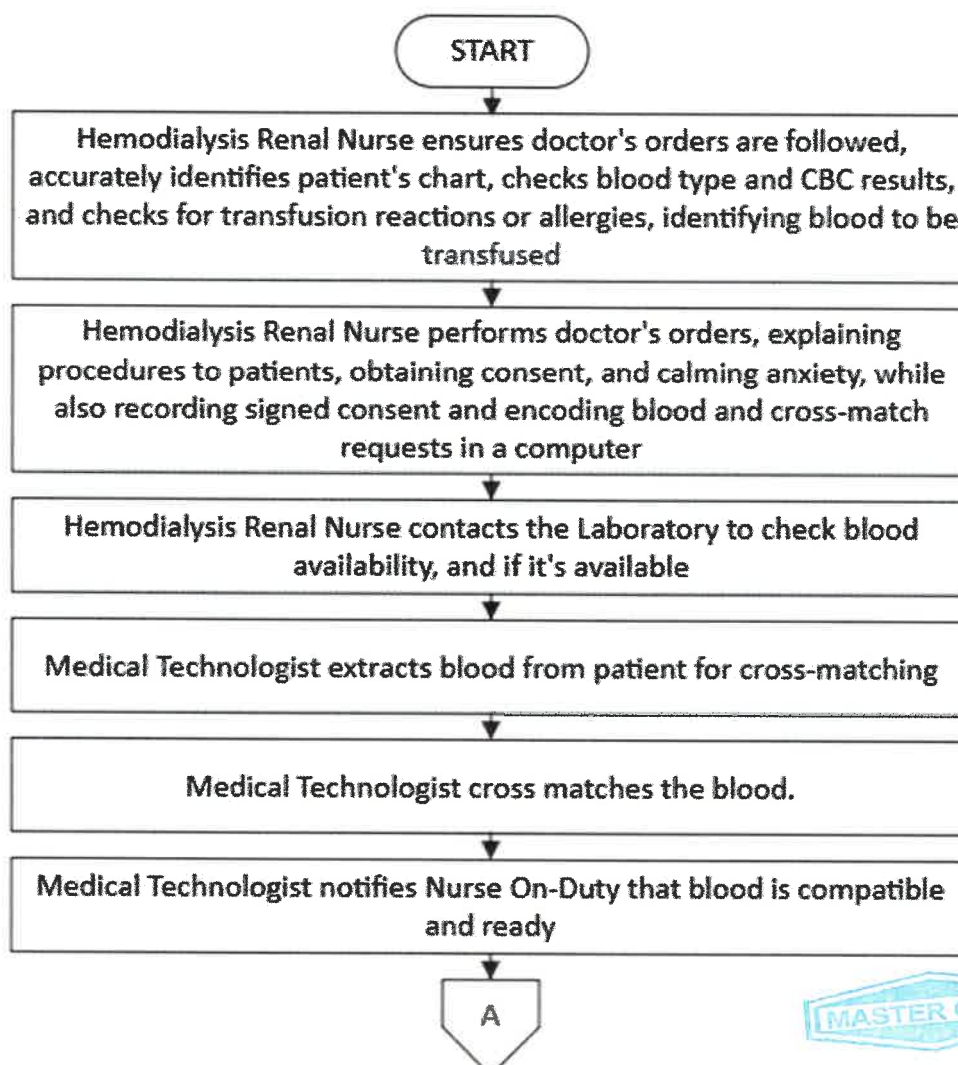
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KEY TASKS		PERSON RESPONSIBLE
<b>After Blood Transfusion</b>		
1. Repeats blood pressure, pulse and temperature.	Hemodialysis Renal Nurse	
2. Documents procedure at the Hemodialysis order sheet (time started and terminated, blood type and RH factor, blood preparation, amount of blood, cross matching results, serial number, expiration date) and record in the Medical History Sheet provided.		
3. Assesses patient before starting another unit of blood as ordered.	Resident-on-duty	
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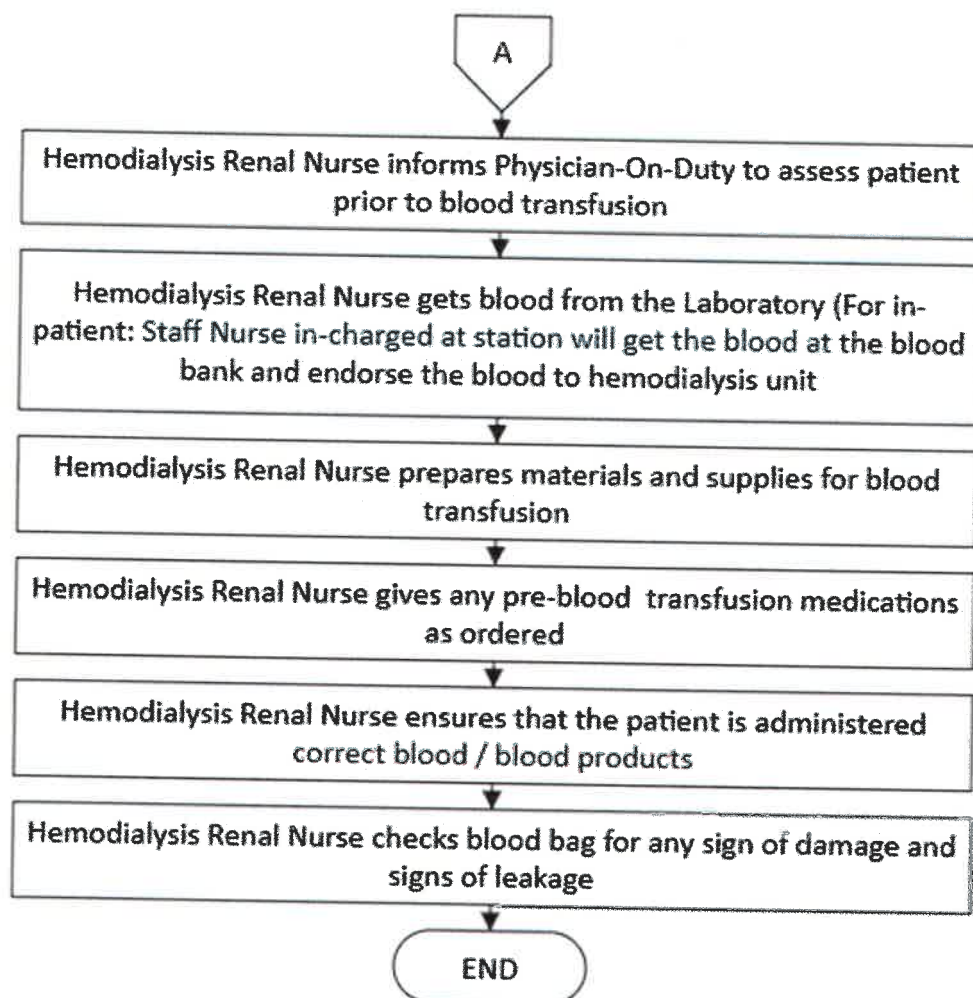
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## WORK FLOW:

### BEFORE PROCEDURE

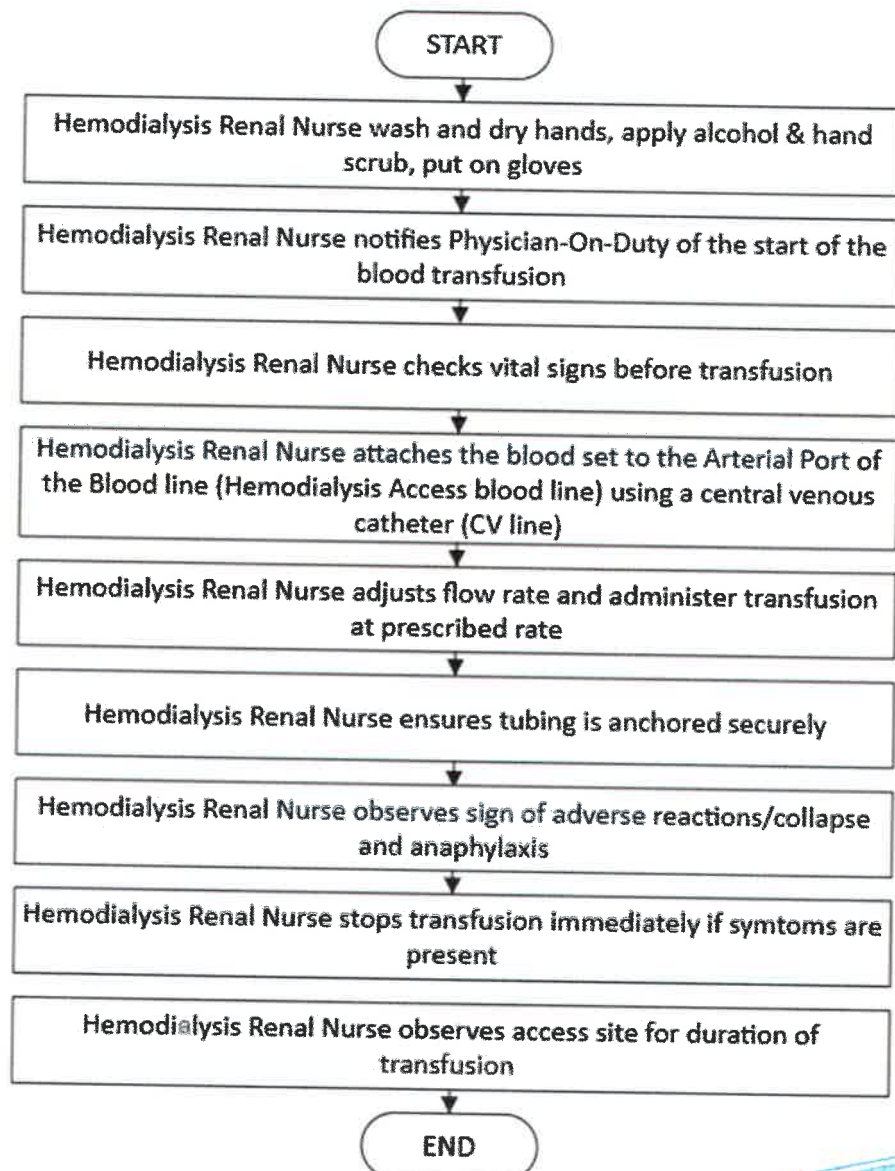


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## DURING PROCEDURE





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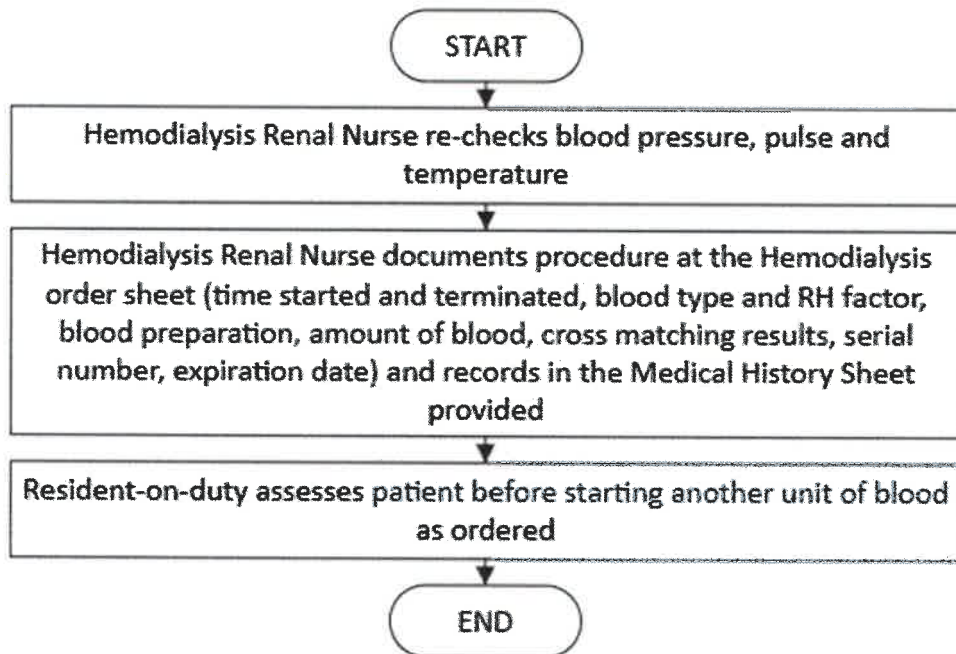
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## AFTER PROCEDURE







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**FORMS:**

1. Order Sheet
2. Medical History Sheet

**EQUIPMENT:**

1. Blood set
2. Micropore
3. Alcohol sponge
4. Blood against cross matching card as to blood type, name of patient, expiry date, serial number.
5. Tourniquet
6. Splint (optional)
7. Gloves

**REFERENCES:**

*HEMO-QP-21*





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Approvals:				
	Name/Title	Signature	Date	TQM Stamp
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	<b>MARIE FRANCIS GRACE S. HORTILLAS</b> Hemodialysis Supervisor		5/5/25	
Reviewed by:	<b>WENDY MAE D. GOMEZ</b> Accreditation and Documentation Manager		5/5/25	
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	<b>JESSA CHRIS R. NEGRE</b> Chief Medical Technologist		7-11-25	
	<b>LEO MANUEL D. TUMANENG</b> Kidney Care Center Director		5/25/25	
	<b>MARIA REMEDIOS R. TOMAS, MD</b> Hemodialysis Unit Head		5/25/25	
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	<b>MA. ANTONIA S. GENSOLI, MD</b> VP/Chief Medical Officer		5/25/25	
Final Approved By:	<b>GENESIS GOLDI D. GOLINGAN</b> President and Chief Executive Officer		5/26/25	

