Pre-transfusion Check

A check, by two staff members, must be completed before commencing a transfusion, one of whom must then spike and connect the product. The staff members signing the blood transfusion record are indicating that the check has been completed prior to transfusion, and that no discrepancy was identified.

The following checks are carried out at the bedside to ensure the right patient receives the right blood product. In the event of long transports these checks should be completed for each unit/dose of blood that is to be given, with both providers signing all appropriate documentation as needed:

1. Check blood product for any signs of leakage, clumps or abnormal color.

2. Patient identification. Check name, DOB and Unit Record (UR) on the Blood Transfusion Record and pack tag/label. Check name, DOB & UR on the patient's wristband. Are they identical?

3. Blood product identification. Check the pack number on the Blood Transfusion Record, pack tag/label and the product. Are they identical?

4. Blood Group. Check the blood group (ABO and RhD) of the product on the Blood Transfusion Record (this form reports compatibility), pack tag/label and the product. Do they match?

5. Check expiration date on the pack.

6. Check medical orders re: product type, special requirements (ex: irradiation, leukocyte depletion) and administration requirements (ex: volume, rate).

7. Complete documentation: sign, date, note the time on the Blood Transfusion Record and file in the patient's medical record.

IMPORTANT

If there is any discrepancy between the blood product, patient details & pack tag/label or if you are concerned about the appearance of the product DO NOT TRANSFUSE!
Advanced Treatment Guidelines:

1. Only Normal Saline with no other additives will be used with blood products.
2. Consider having a minimum of two patent IV/IO sites.
3. No medications will be added to blood bags.
4. Obtain and record serial vital signs, to include at a minimum, temperature, pulse, blood pressure, and breath sounds every 15 minutes or sooner as patient condition indicates until the blood product is infused.
5. Upon completion of the blood product, flush IV line with Sodium Chloride 0.9% (NS) and infuse at TKO rate.
6. Complete blood transfusion slip on the blood bag by recording the final vital signs, any reactions (if applicable), signature, date and time.

Patients should be continuously observed during the first 15 minutes of transfusion as some life-threatening reactions may occur after the infusion of only a small amount of blood. Where possible, patients should be informed of possible symptoms of a transfusion reaction and should inform staff immediately if they feel unwell during transfusion. If any signs or symptoms of a transfusion reaction are noted STOP THE INFUSION IMMEDIATELY.

Note that more frequent vital signs should be taken if the patient has an unstable underlying condition or if the patient becomes unwell or shows signs of a Transfusion Reaction.

Transfusion Reaction:

Mild Reaction: Localized urticarial (hives), pruritus

Severe Reaction: Flushing, wheezing, hypotension, anaphylaxis

Febrile Reaction:

Chills and unexpected fever over 100.4°F (38°C) or > 1.0 degree rise in temperature. The temperature rise may begin any time from early in the infusion to an hour or two after the infusion has been completed.
G9. Blood Product Administration

**Acute Hemolytic Reaction:**
Patients may present with any of the following:
- Chills
- Fever
- Flank Pain
- Dyspnea
- Unexplained bleeding
- Oliguria
- Hemoglobinuria
- Hypotension

**If any transfusion reaction occurs:**
- Stop blood infusion immediately
- Change tubing and keep IV open with NS, keeping blood bag and blood tubing intact.
- Contact Medical Control for advice and further considerations.
- Consider the use of the [C4. Allergic Reaction/Anaphylaxis](#)