Pre-Transfusion Nursing Actions

- Physician’s order for blood transfusion entered into Cerner

- Consent to be signed by patient and/or family
  - Explanation must be given to patient and/or family
  - If patient/family refuses, document and inform physician

- Complete Pre-Procedure Checklist in Cerner for each blood product to be administered

- Print the order for transfusion to take to blood bank for order verification before pick up
Floyd Medical Center
Blood Bank Check Out Ticket

The following checklist is to be completed by the primary nurse prior to blood product pickup. Place check mark beside each item when verified.

☐ Verify order to "TRANSFUSE" in corner
☐ Verify placement of current blood bracelet on patient
☐ Complete "Pretransfusion Checklist" in corner

________________________  __________________________
Signature of Nurse completing checklist prior to product pick up        Date

The Blood Bank Technician and Nursing Representative should both verify the following information at product pick up. Place check mark beside each item when verified.

☐ Patient Full Name
☐ Patient Medical Record Number
☐ Patient Blood Bank/Armband ID #
☐ Patient ABO Rh & Antibody Screen
☐ Verification X3:
  ☐ Transfusion tag matches donor unit #, component type, and ABO/Rh
  ☐ Compatibility tag matches donor unit #, component type and ABO/Rh
  ☐ Unit product label matches donor unit #, component type and ABO/Rh
☐ Compatibility verified
☐ Product expiration date
☐ Name of Product
☐ Number of units to pick up
☐ Special Instructions: Irradiation?

________________________  __________________________
Signature of Lab Personnel completing checklist                      Date

________________________  __________________________
Signature of Representative picking up blood                         Date

This form should be brought to the blood bank to check out each blood product. Once fully completed, the form will remain in blood bank when the product is checked out of the blood bank.
Pre-Transfusion Nursing Actions, continued

☑ Order Type & Screen if not done within the past 72 hours

☑ Make sure patient is wearing blood bracelet
  • YELLOW – good for 72 hours
  • ORANGE – call Blood Bank to validate T&S

☑ Order crossmatch for # of units

☑ Check fax machine for notification of product being ready. Can also check under Results Review tab in iView.
Pre-Transfusion Nursing Actions, continued

☑ Obtain vital signs
  • If abnormal, notify physician

☑ Make sure patient has a large bore IV access
  • #18g preferred (#20g acceptable)
  • If #22g is what that patient has and larger IV access cannot be obtained, #22g can be used with physician order.

☑ Begin Normal Saline at 50 ml/hr via IV pump

☑ Pre-medicate, IF ordered
Pre-Transfusion Nursing Actions, continued

☑ Obtain patient’s identification sticker and blood bracelet sticker to place on the RED Blood Bank Check Out Ticket to take to the Blood Bank to receive the product.
  • Blood can be picked up by nurse or support staff. No students.

☑ Check the blood/blood tag with blood bank tech and verify order is present

☑ Blood must be spiked and hung within 30 minutes of leaving the Blood Bank
Pre-Transfusion Nursing Actions, continued

At the bedside, prior to spiking the blood, two licensed nurses must compare the blood tag with the blood product for the following:

- Patient’s name
- Patient’s identification number
- Blood unit number
- ABO/Rh type
- Expiration date
- Blood bracelet ID (also compared with patient’s blood bracelet)
- Any special transfusion instructions
- Transfuse order present in Cerner

BOTH nurses sign the blood tag
Two Licensed Nurses Must Sign the Blood Tag
Nursing Actions During Transfusion

- Record pre-transfusion vital signs
- Spike blood with specialized blood tubing
  - Use new set for each unit of blood
- Piggyback blood into the secondary port of NS (NEVER MAINLINE BLOOD)
- Start blood at 100 ml/hr for 15 minutes
- Stay at bedside
- After 15 minutes, assess & document VS on blood tag
- If no reaction noted, increase to desired rate
- Assess VS again at 1 hour and then every hour after until transfusion complete
Post-Transfusion Nursing Actions

- Infuse Normal Saline for 15-20 minutes at ordered rate after transfusion

- Complete all documentation
  - EMAR-should have documentation of Normal Saline
  - IView- Patient education, Adult Lines/Devices: Blood Products (Create new dynamic group with each product)

- Blood tag-should be completed (no blanks)
  - Front copy on chart (original)
  - Back copy should be returned to Blood Bank (carbon copy)
Be Aware of Transfusion Reactions...

- Fever (generally 2 degree rise in temperature above 98.6 F or baseline temp)
- Chills (with or without rigors)
- Respiratory distress (including wheezing, coughing or dyspnea)
- Hypertension or hypotension
- Abdominal, chest, flank or back pain
- Pain at infusion site
- Skin manifestations (including urticaria, rash, flushing, pruritis and localized edema.)
- Jaundice or hemoglobinuria
- Nausea/vomiting
- Abnormal bleeding
- Oliguria/anuria

*Important to educate patient/family of signs of reaction*
If a Transfusion Reaction happens...

• Stop transfusion immediately

• Disconnect blood product and begin NS
• Notify Doctor and Blood Bank
• **Complete blood reaction form** *(send to Blood Bank)*
• Send blood bag and tubing to the Blood Bank
• Collect first void post reaction & send to lab
  • Lab will draw post reaction blood sample
Documentation in EMR

Document in Iview:
VS, patient education and blood products
• Blood card attached to the blood product must remain attached throughout the transfusion.

• **Never** administer meds through the line during a transfusion. (Start a 2nd IV instead)

• No unit of blood should hang longer than 2 hours without proper documentation and notification of the Blood Bank.
• Notify Blood Bank 30 minutes prior to administration of platelets.
  • Platelets are not routinely stored here.
  • Platelets take time to pool
• Follow steps for PRBCs except:
  • **DO NOT PIGGYBACK TO NORMAL SALINE**
  • **USE SPECIAL FILTER/TUBING SET FROM BB**
  • Due to heat sensitivity, **INFUSE RAPIDLY**
• Notify Blood Bank 30 minutes prior to administration of Fresh Frozen Plasma to allow time to thaw.

• Follow steps for PRBCs except:
  • **DO NOT PIGGYBACK TO NORMAL SALINE**
  • **USE SPECIAL FILTER/TUBING SET FROM BB**
  • Due to heat sensitivity, **INFUSE RAPIDLY**
Blood Administration

REVIEW POLICY PCS-09-004

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