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1. **PURPOSE**

To provide caregivers with consistent policies and procedures to ensure safe and effective administration of blood and blood components.

2. **SCOPE**

This policy applies to all inpatient/hospital facilities and hospital based outpatient departments/clinics (e.g., VLCC, day surgery) with direct access to transfusion services/blood bank and any entity or facility owned and controlled by Aurora Health Care.

3. **DEFINITIONS**

**Blood Products:** This term refers to blood components and plasma derivatives.

**Blood Components:** Includes red blood cells (RBCs), granulocytes, platelets (PLT), plasma and cryoprecipitate. Blood components can be broken down further into red blood cell components and plasma components.

   a. Red blood cell components: RBCs and granulocytes
   b. Plasma components: Platelets, plasma and cryoprecipitate

**Plasma Derivatives:** This includes albumin, intravenous immunoglobulin, and various other proteins including coagulation factors and other enzymes that are indicated for certain deficiency diseases. Purified and pathogen inactivated plasma derivatives are obtained from the Pharmacy.

**Transfusion reaction:** any unfavorable event occurring in a patient during or after a transfusion of blood or blood components that can be related to that transfusion.

4. **POLICY**

4.1 A physician’s order is required to transfuse blood or blood components.

4.2 Administration of blood and blood products, with the exception of Rho (D) Immune Globulin, is not allowed in any free standing surgery center or ambulatory clinic.

4.3 In order to start the infusion of blood/blood components in a timely manner, the nurse should complete all pre-transfusion activities, including vital sign assessment and establishing patent IV access, prior to obtaining the product from the Blood Bank.

4.4 The nurse must verify that informed consent for the administration of blood or a blood component has been obtained.

4.5 In the event a patient refuses a blood or blood component, the physician will be notified. Informed Refusal will be documented. (Form #AHC S32495) INFORMED CONSENT-INFORMED REFUSAL

4.6 At the patient bedside, identification of the recipient and the blood or blood components, will be performed by 2 health care providers, one of who is a Registered Nurse and/or transfusionist, using at least two unique patient identifiers. PATIENT IDENTIFICATION

4.7 The transfusion must be started within 30 minutes after release from the Blood Bank. The transfusion must be started before the date/expiration time of the blood component. Any unused blood/blood components must be returned to the Blood Bank as close to the release time as possible.
4.8 All blood components must be transfused through a blood administration set with a 170 to 260 micron filter designed to remove clots and aggregates. Change the blood administration tubing set after a maximum time of 4 hours OR after a maximum of 2 units have infused whichever comes first.

4.9 The maximum time for infusing blood any blood component is 4 hours, starting from when it is spiked. Notify Transfusion Services if a unit needs to be infused for more than 4 hours due to risk of circulatory overload.

4.10 Red Blood Cells and plasma products may only be stored in a monitored refrigerator or cooler designated by Transfusion Services. Platelets, cryoprecipitate and granulocytes are never stored in a refrigerator or cooler.

4.11 The unit tag must stay attached to the blood product throughout the blood administration.

4.12 Normal saline is the only solution used for priming and administration of blood or blood components.

4.13 Medications MUST NOT be added to the blood/blood components administration set or the intravenous tubing during transfusions.

4.14 At a minimum, per blood transfusion standards, vital signs of temperature, pulse, respirations, and blood pressure should be assessed and documented as follows:

   a) Before initiating the administration of the blood/blood components
   b) 15 minutes after the transfusion is started.
   c) At the conclusion of the transfusion.
   d) Further vital signs will be done based on patient assessment and nursing judgment.

4.15 At a minimum, per blood transfusion standards:
   a) The nurse will remain with or be in close observation of the patient for the first 15 minutes of the transfusion, or longer based on nurse’s judgment.
   b) The patient will be evaluated throughout the transfusion.
   c) For outpatient transfusion or when the patient is discharged after a blood transfusion, the nurse will provide written instructions about adverse events.

4.16 Platelets and RBCs should not be infused through the same tubing. Some platelets are ABO specific and may cause clumping in the tubing.

4.17 Blood/fluid warmers may be used for red blood cell and plasma transfusions with a physician’s order.

5. PROCEDURE

Appendix A: Procedure for Administration of Blood and Blood Components
   Table 1: ABO/Rh Compatibilities for Blood Components

Appendix B: Procedure for Transfusion Reactions
   Table 2: Suspected transfusion reaction signs and symptoms

Appendix C: Procedure for donor Directed Donations/Autologous

Appendix D: Procedure for other Blood Component Derivatives
ADDITIONAL INFORMATION

Appendix F: Summary of Blood Components Available at Aurora Transfusion Services: Use, Infusion Guide, and Special Considerations
Appendix G: Infusion Rate of Components in Nonemergency Settings
Appendix H: Products Available from Pharmacy that may be considered part of blood administration
Appendix I: Reaction, Signs and Symptoms, and Precautions/Nursing Actions: Acute and Delayed

CROSS REFERENCES:
INFORMED CONSENT - INFORMED REFUSAL
PATIENT IDENTIFICATION
USE OF FLUID-BLOOD WARMER
ACL Transport of Blood and Blood Components #1601
Lippincott Procedures Rho (D) Globulin Administration

REFERENCES: