

	INODAYA Hospitals - Kakinada		Documentation code: INH/COP .Doc.No.12
	Transfusion of blood and components Safely		Prepared Date: 05/09/2023
	Reference: COP.o8.b.NABH Standards – 5 th Edition		Issue date: 05/09/2023
	Issue no:2	Review NO:01	Review Date: 04/09/2024

COP 8b: TRANSFUSION OF BLOOD AND BLOOD COMPONENTS SAFELY

1.0 POLICY:

It is the policy of the Hospital that blood transfusions must be conducted according to procedures annexed to this policy and must only be conducted by staff who are trained and competent in the procedures.

2.0 PURPOSE:

The purpose of this policy is to: ensure that the correct blood is given and that any adverse reactions are dealt with promptly and efficiently. All staff involved in the process must be appropriately trained and aware of their responsibilities in relation to handling blood components and performing transfusion related tasks within their own competence and in accordance with procedures which are in place to reduce the risks to patients.

3.0 SCOPE:

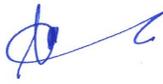
This policy applies to all areas of the Hospital, and all employees of the Hospital, including individuals employed, by external contractors.

4.0 RESPONSIBILITY:

Treating Physician, Anesthetist in case of surgery, Clinical staff, Duty medical officers.

5.0 DISTRIBUTION:

IP area, OT, EMR, Dialysis

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6.0 PROCESS DETAILS:

6.1 DESCRIPTION OF THE PROCESS:

The term Blood Components refers to units, paedipacks or pooled units of:

- 6.1. Red cells
- 6.2. Platelets
- 6.3. Fresh Frozen Plasma
- 6.4. Cryoprecipitate
- 6.5. Granulocytes
- 6.6 Whole blood

All blood components are logged and recorded throughout the process of transfusion to provide 'vein to vein' traceability ensuring that each blood component is handled and stored correctly, given to the right patient for the right reasons and that records are retrievable in compliance with Blood Safety and Quality Regulations (2005).

1. CONSENT:

2. The decision to transfuse and consent to transfusion should be made in advance with the patient, parent or carer as appropriate before any planned transfusion. Patients receiving a

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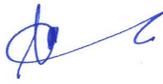
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transfusion should be informed of the indication for the transfusion as well as the potential risks, benefits and alternatives. A record of this discussion should be documented in the patient's health records, which does not require the signature of the patient. In an emergency, this information should be provided after the transfusion.

3. Patient information leaflets are available to assist clinical staff in obtaining patient consent to transfusion. They can be obtained blood from the Blood Transfusion laboratories.
4. If the patient or guardian refuses to consent to a transfusion, the matter should be referred firstly to a Consultant doctor, Registrar or above, within that patients primary treatment team. Patients who do not wish to receive Blood or Blood Products let the staff can obtain the refusal of treatment consent. Where consent is not possible, for example in emergency situations, where the patient has no capacity to consent, it is a matter of clinical judgment of what is in the patient's best interests and full documentation of this decision must be made in the patient record and using Consent Form .

2. IDENTIFICATION OF THE PATIENT:

- Accurate identification of patients at all stages of the blood transfusion process is essential.
- All patients having a sample taken for a blood transfusion or receiving any blood product must be identified with an wristband which is compliant with the Hospital Patient Identification Policy. Positive patient identification must be used to ensure the correct colour coding is attached to the patient prior to blood sampling or blood administration.
- If the patient is unconscious and unknown, it is acceptable to use "Unknown male/female" in place of the surname and forename in combination with the Medical record number, which is assigned to the patient on arrival. DO NOT use any other substitute details .

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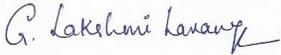
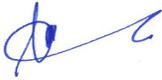
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3. PRESCRIBING BLOOD:

- Blood may only be transfused on prescription by a doctor.
- Blood transfusions should ordinarily be prescribed using the blood transfusion section of the Blood bank prescription folder and sign with stamp from the Hospital..
- The reason for blood transfusion must be included in all requests and documented in the patient’s medical records.
- Some patients require special blood components e.g. gamma irradiated. Special requirements should be included on the prescription to allow the member of staff carrying out the final bedside identification checks to ensure that the blood component to be transfused complies with any special requirements.

4. TAKING BLOOD SAMPLES AND REQUESTING PRE TRANSFUSION COMPATABILITY TESTING:

- A sample is required prior to a transfusion to ensure compatibility of blood groups between donor and recipient and, (for red cell transfusion) to screen patients for atypical red cell antibodies which can potentially cause reactions
- To determine whether a new sample is required for cross matching prior to a transfusion.
- Blood samples for transfusion may be taken by clinical staff who have been trained in the procedure and are competent in the use of for sample labelling. Particular attention must be paid to the following:
 1. Transfusion samples must be labelled
 2. Positive patient identification based on asking the patient (where possible) to

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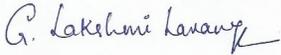
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state their surname, first name and date of birth and checking these details

match with the same details on the patient’s wristband and the request.

3. The wristband used for bar code scanning must be attached to (or in the possession of) the patient at the moment the blood sample is taken and when it is verbally confirmed and checked against the request

- The staff member who bleeds the patient is responsible for correctly labelling the blood sample, using Lables. Under no circumstances must any member of staff label a sample on behalf of another staff member .
- Only one patient **MUST** be bleed at a time and the sample tube must be labelled immediately after the blood has been added. Sample tubes **MUST NEVER** be relabelled or labelled after the blood sample has left the patient’s side.
- The sample tube must be labelled with the following details, all of which automatically appear on a Blood prescription label when correctly used:
 1. Medical record number
 2. Surname with Firast Name
 3. Date of birth

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4. Sex

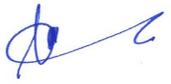
5. Ward/ICU

6. Date and time sample was taken

- If the patient is unconscious and unknown, it is acceptable to use “Unknown male/female” in place of the surname and forename in combination with the Medical record number.

5. REQUESTING BLOOD

- Transfusions of all blood components must be requested from the Blood Bank on an individual named patient basis. Requests for blood will normally be made by medical staff, but it may be appropriate for non-medical staff to request blood in some circumstances. However only medical staff may prescribe blood, blood components or blood products.
 - All requests must contain the following details:
 - Medical record number (UMR)
 - Surname First name (initials not sufficient)
 - Sex /Age
 - Specific location of patient (Hospital and Ward/ICU) and where blood required
 - Patient’s diagnosis
 - Reason for transfusion
 - Date & time blood required

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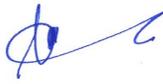
- Number of units, product type and special requirements
- Date & Time of request
- Identification of the member of staff making the request
- If the patient is unconscious and unknown, MRN and sex are the minimum requirements. It is acceptable to use “Unknown male/female” in place of the surname and forename. DO NOT use any other substitute details for example ‘John Doe’, as these can be mistaken for real patient details and cause confusion.
- . Blood transfusion requests must provide adequate clinical information including the patient’s diagnosis and any relevant procedure. This information is essential to enable Blood Transfusion Laboratory to provide the correct quantity and type of blood and to audit blood usage. The Blood Transfusion laboratory will not process requests for blood with inadequate clinical information.

URJUNT AND OUT OF HOURS REQUESTED:

- The Blood Transfusion Laboratory should be informed by telephone (bleep out of hours), this is essential in the event of a major or life-threatening haemorrhage.
- Requests must be completed and samples labelled in the same way as for non-urgent Samples

Inform the Blood Transfusion Laboratory if there is a possibility that the laboratory might already have a valid blood sample from the patient (details of a patient’s sample validity is obtainable via ward PCs using. Use of a sample which is already in the laboratory will save time. Contact the blood bank by telephonic.

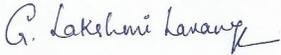
- You will be asked to provide the following information (the request will not be processed

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without this information):

1. The identity of the person making the request
2. The patient's surname, first name, gender and medical record number; for unconscious patients, gender and medical record number
3. Current location of patient (If the patient is about to be transferred to a different Location, provide the location of where the blood will be needed)
4. The point of contact (bleep or telephone extension number) for the laboratory for queries and to inform when the blood is ready for collection
5. The number and type of blood or blood components required, including any special requirements
6. The reason for the request
7. The urgency of the requirement, which should be one of the following options:
Blood required immediately (no valid sample available in the laboratory):
8. 'Emergency stock' blood should be used. Units of O RhD negative blood be kept in the blood Bank .
9. Before 'emergency stock' blood is used, the Blood Transfusion laboratory must be informed and provided with the identity of the patient. After the incident, it is essential that the laboratory is notified which units were used by completing the

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patient's details on the labels attached to the units of blood and returning them to the Blood Transfusion Laboratory.

10. It is essential that a blood sample is collected for blood grouping and

Cross matching before 'emergency stock' blood is transfused. Ensure this sample is transported to the laboratory immediately.

11. it may be necessary to request more 'emergency stock' blood, particularly for patients with rapid blood loss.

For blood required in 15–60 minutes from receipt of sample in the laboratory

12. The Blood Transfusion laboratory will provide fully cross matched blood.

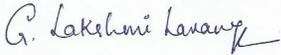
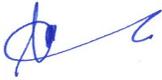
Important points:

13. Provide the laboratory with the time blood is required so that the request may be

Prioritised. Failure to alert the laboratory that an urgent sample is being sent will delay the availability of crosshatched blood.

14. The Blood Transfusion laboratory will phone the clinical area to confirm the receipt of the sample.

15. The Blood Transfusion laboratory or on-call will inform the relevant clinical area when the blood is ready for collection for all urgent requests. 16. Each transfusion must be clearly documented in the

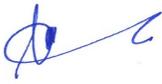
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medical records including the date and time of transfusion, the clinical indication for transfusion, the type of component or product used, and any transfusion reaction and its management.

Preparation of the patient and arranging blood collection

1. An appropriate-sized cannula should be inserted in accordance with the Injectables Policy. The connection of the cannula should be visible and secured. The procedure for setting up an intravenous infusion should be followed and the usual care for intravenous lines should be applied.
2. In the majority of adult cases, a gravity blood giving set is required. Infusion pumps or blood warmers may be required for some transfusions. They must be used according to the manufacturer's instructions and only blood giving sets approved for use with the pump must be used.
3. Take and record baseline observations of temperature, pulse, respiration and blood pressure prior to the transfusion.
4. In order to minimise the risk of wasting blood components due to breaching time limits, ensure that the patient is ready for the transfusion to go ahead without delays (such as requiring new venous access or shift handover) prior to contacting the porters.
5. Contact the porters and ask them to collect a blood component, stating the degree of

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urgency:

- Immediately
- Within 15 minutes

Within one hour

General principles include:

1. When collecting the blood from a blood refrigerator, the patient details must be carefully checked visually in addition to compatibility label, the blood component and the pick up slip to ensure that

Details are matched identically, with patient ID.

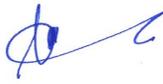
2. Blood components must be collected for one patient at a time in all Circumstances.

3. One unit of red cells should be collected at a time unless extremely rapid transfusion of large quantities of blood is needed.

4. The blood should be delivered to the relevant clinical area without delay. The clinical staff accepting the blood must check that the blood received is for the correct patient. The time of blood staring to patient must be recorded in Blood transfusion record.

5. Blood not used within half an hour on the ward should be returned to the in house Laboratory if there is no prospect of it being transfused within 4 hours.

6. If more than one unit of red cells are collected for a patient at one visit, or if blood is being transported between Bank and hospitals, they should be transported in an approved blood transport

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box with the correct use of cool packs, as this will extend the time allowed out of the fridge prior to transfusion (usually to 4 hours).

Acceptance of blood products from a different hospital

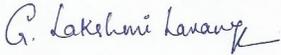
1. Blood arriving from another hospital should ordinarily be returned to the Blood Transfusion Laboratory in the original transportation box (unopened) unless the patient is in need of immediate transfusion
2. If the blood is to be used immediately, the Blood Transfusion Laboratory must be informed of its arrival, and provided with details of the blood component(s) and the patient. Any paperwork included with the products must be completed and sent to the laboratory. The laboratory will ensure the paperwork is returned to the sending hospital.

RETURNING BLOOD PRODUCTS TO BLOOD BANK

Returning Blood Products

Unboxed Single Units

- Blood and blood products should be transfused as soon as possible after delivery to the ward /

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- clinical area i.e. within 30 minutes of leaving the blood fridge
- If after collection of the blood a problem arises which prevents immediate transfusion, the unit must be returned to Blood Bank within 30 minutes of collection.

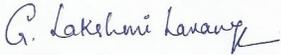
Boxed Units e.g. unused or part used packs

- The transit box containing the units should be handed directly to a member of Hospital Laboratory Staff
- There have been instances of blood being left on the ward/clinical area untransfused resulting in wastage of this valuable resource, this must be avoided.

Blood Products returned for disposal

- If blood has been out of the fridge for more than 30 minutes and there is no prospect of its immediate use, the hospital Laboratory should be informed. The blood must be returned to the Lab for disposal due to the risk of bacterial growth and breach of the cold chain regulations.
- The blood product for disposal must never be placed in a Blood Bank fridge; it must always be handed directly to a member of Lab staff.

TECHNICAL ASPECTS OF THE ADMINISTRATION OF BLOOD PRODUCTS

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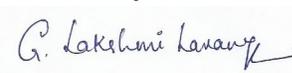
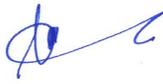
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Giving sets

- Adhere to strict aseptic techniques when handling blood or blood components.
- Blood products should be transfused through a sterile giving set designed for the procedure.
- Filter size; 170 – 200 micron filter is required.
- Drugs must not be added to blood products under any circumstances.

Red Cells (RBC) (SAGM Volume 220 – 340ml)

- Electronic infusion pumps may damage blood cells and should not be used for administration of red cells unless the manufacturers have verified them as safe to use for this purpose, staff have been trained in their use and all maintenance requirements are met.
- To prevent bacterial growth a new giving set must be used after 12 hours or after 3 units whichever is earlier. Some giving sets may be issued with different instructions, if the usage life of a giving set is shorter always follow the manufacturer’s instructions.
- Start transfusion as soon as the unit is received from Blood Bank. Each unit of blood must be used within a maximum of four hours from leaving the Blood Bank fridge or validated sealed blood storage box, usually red cells are transfused over 2-3 hours.

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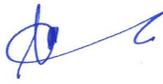
- All blood products are leukocyte depleted. Usually supplied as packed red cells in additive solution (SAGM).
- Red cells can be irradiated, HLA matched, HT, K, Hb S or CMV negative for specific patient groups. Blood Bank must be notified of any special requirements.

Plasma Products

Please note all plasma products must be inspected at the bedside and examined as with red cells. Any suspect colouration or particulate suspension must be reported to Blood Bank immediately and the unit returned to Blood Bank, do not transfuse.

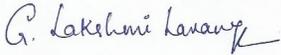
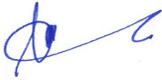
Platelets (PLT) (Mean Volume 202ml)

- A standard blood or platelet giving set should be used for the administration of platelets.
- Platelets should be transfused through a new clean standard blood or platelet giving set (notone already used for blood).
- Never put platelets in a fridge.
- Start infusion as soon as the pack is received from the Blood Bank.
- Infuse stat or maximum time 30 minutes in an adult.

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- In paediatrics infuse over 60 minutes via the designated pump (unless specifically directed otherwise in emergency situations).
- Children under the age of 16 should whenever possible receive apheresis platelets rather than pooled platelets.
- Issued following authorisation by Consultant Haematologist (unless Massive Haemorrhage Protocol activated).
 - Platelets can be irradiated, HLA matched, HT or CMV negative for specific patient groups. Blood Bank must be notified of any special requirements.
 - Rh D Negative Female of Child Bearing Age:
 - If Rh D positive Platelets have to be given in a clinical emergency where a delay in waiting for RhD negative platelets would increase risk to the patient, prophylactic anti-D immunoglobulin must be given at a dose of 250 IU immediately, by intramuscular injection, after platelet transfusion.
 - This 250 IU dose is enough to cover five successive adult therapeutic doses of RhD positive platelets over a period of up to six weeks.
 - Nevertheless, if a unit of RhD positive platelets has been given and followed by anti-D prophylaxis, and if further treatment with platelet concentrates is required, RhD negative platelets are still preferred and recommended.

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	Transfusion of blood and components Safely		Prepared Date: 05/09/2023
	Reference: COP.o8.b.NABH Standards – 5 th Edition		Issue date: 05/09/2023
	Issue no:2	Review NO:01	Review Date: 04/09/2024

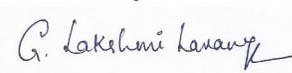
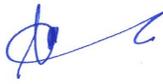
Fresh Frozen Plasma (FFP) (Mean Volume 271ml)

- Filter size; 170 – 200 micron filter is required (blood giving set).
- Do not refreeze. Use within 4 hours if maintained at 22°C ± 2°C or 24 hours if stored at 4°C (extended storage will result in a decline in labile coagulation factors).
- Issued following authorisation by Consultant Haematologist (unless Massive Haemorrhage Protocol activated. (See appendix 5)
- Start infusion as soon as the pack is received from the Blood Bank → Infuse each bag over not more than 20-30 minutes.
- Neonates, children and young adults born after 1 January 1996 are issued non-UK MB FFP.

DISPOSAL OF BLOOD BAG:

On completion of the transfusion the empty bag and tubing should be disposed as follows

- Empty transfused blood and blood product bags and tubing are to be disposed of via the offensive hygiene waste i.e. yellow bag.
- If Blood is remaining in the Blood bag or not transfused (expired) Autoclave and put into the yellow bag.

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REPORTING OF ADVERSE EVENTS/ REACTIONS FOLLOWING OR DURING TRANSFUSION

- Initial treatment of ATR is not dependent on classification but should be directed by symptoms and signs. Treatment of severe reactions should not be delayed until the results of investigations are available.
- Initial clinical assessment seeks to quickly identify those patients with serious or life threatening reactions so that immediate treatment/resuscitation can be initiated.
- Immediate management of ATR If a patient develops new symptoms or signs during a transfusion, this should be stopped temporarily, but venous access maintained. Identification details should be checked between the patient, their identity band and the compatibility label of the blood component. Perform visual inspection of the component and assess the patient with standard observations.

Mild Adverse Reactions:

For patients with mild reactions, such as pyrexia (temperature of > 38 oC and a rise of 1-2oC), and/or pruritus or rash but without other features, the transfusion may be continued with appropriate treatment and direct observation. If at any time a transfusion reaction is suspected, the doctor in charge of the patient should be contacted by the nurse responsible for the patient during the transfusion and should review the patient promptly.

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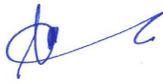
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Any adverse events should be recorded in the patient's notes and logged on the blood prescription sheet .It is the doctor's responsibility to ensure the adverse reaction is reported to Blood Bank.

Documentation of Severe Adverse Events / Reactions :

- Any adverse events should be recorded in the patient's notes and logged on the blood prescription sheet
- All adverse events related to blood / blood product transfusion will be reviewed by the Hospital Transfusion Committee. Serious adverse events should be reported to the Blood Bank and Transfusion committee.
- **Document Revision History**

DOCUMENT REVISION HISTORY		
Version	Date of issue	Reason for Revision
Original version - 1	10/03/2022	Prepared 5 th edition
Revised version - 2	05/07/2023	Periodic revision and update
Revised version - 3		
Revised version - 4		
Revised version - 5		

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