Procedure to follow when administering a blood component/product at the patient’s side.

Before sending for component ensure:
- Baseline observations have been recorded and must fall within 60 minutes prior to starting the component.
- Specific component and special requirements are recorded on the prescription chart e.g. 'packed red cells, irradiated, CMV negative' or blood warmer.
- Transfusion rate has been prescribed correctly e.g. Red cells 2 or 3 hrs; Platelets, FFP and Cryoprecipitate over 30 minutes or stat. (You have maximum 4 hours to complete any transfusion since the time of removal from designated storage, but only have 30 minutes for safe return)
- Cannula/alternative access is in situ and patent.
- Verbal consent and evidence of discussion for blood components/products is completed and signed on the blood transfusion care pathway.
- Blood giving set and administration equipment like blood warmer (if required) is available, along with PPE - Apron and gloves.

Warning: Both staff must be transfusion competency assessed in this process and at least one staff must be IV trained.

1. Two trained and competent practitioners are required to independently check at the patient’s side, prior to administration of the blood component. (If using electronic component scanning device system one trained competent person can check & administer.)

2. Positively identify the patient
   - Ask the patient to state their first name, last name and date of birth (if able); these must match against the blood transfusion care pathway and the patient's wristband. Confirm the correct spelling of the full name (if able).
   - Check patient identification on the traceability label. Print name and date of birth must fall.
   - Check patients hospital number corresponds with the blood prescription.

3. All details match?
   - Prime the blood giving set with the blood component, set up the pump and blood warmer (if required) and commence transfusion
   - Sign and date traceability label as soon as the blood component has been commenced, tear off the yellow section of the traceability label and return to blood bank via
     - o BHS/SQL use traceability box
     - o GHH return traceability label via pod in an envelope
   - 2nd checker - confirm the set-up is correct before starting the transfusion

4. At the end of transfusion:
   - Review the need for transfusion
   - Measure the fluid balance

5. Prescription for Specific Blood Components/Products (Adult)

   **Reminder:** Follow page 4 of the blood transfusion care pathway and transfusion care pathway form from Concerto.

   **Clinical notes recording**

   - Add Concerto alerts after a transfusion episode
   - Advise patient on discharge to contact the department itself or visit GP/Emergency Department, if unwell at home

   If you have any concerns during the transfusion: Consult Clinician or Transfusion Practitioners

   **Warning:** Any discrepancies, do not transfuse. Return the component to blood bank within 30 minutes. If the patient is unable to identify themselves (unconscious, confused or language barrier) confirm with a next of kin if possible.

   **Warning:** 2nd checker does not leave until blood is up and running.

   **Warning:** Any concerns, refer to page 4 of the blood transfusion care pathway. Increase observation frequency if necessary.

   **Note:** Follow page 4 of the blood transfusion care pathway form from Concerto.