with caution in pre/post pregnancy)

Restart transfusion at a slower rate If symptoms/signs worsen, manage moderate/severe reaction. Isolated temperature rise of 1-2°C from baseline or ≥38°C and/or • Pruritus / rash only Frequent monitoring (MEWS) Continue Transfusion action taken in notes. No Datix (IR1) needed Document outcome / angio-oedema, stridor, dyspnoea, wheeze, cyanosis, severe anxiety, flushing, moderate or severe febrile symptoms, rigors, tachycardia, jaundice, severe hypotension leading to shock; pain in chest, back, abdomen or transfusion site; tachypnoea, non-/productive cough, raised JVP, basal lung STOP THE TRANSFUSION – seek medical review (contact Haematologist, if necessary), repeat observations, check the blood traceability label matches with the patient's Is there evidence of: Life-threatening Airway and/or Breathing and/or Circulatory problems and/or wrong blood given and /or evidence of contaminated unit? Consider sympto MILD Inform medical staff Patient showing possible symptoms/signs of Acute Transfusion Reaction, which may include: 2 symptomatic treatment transfusion history, If consistent with Temperature rise > 2°C from baseline or ≥39°C and/or Other symptoms / signs, apart from pruritus/rash only; such as chills, rigors, myalgia, nausea/vomiting Consider bacterial contamination if the temperature rises or rise > 1.5°C ≥39°C as above review patient's underlying condition and transfusion history Frequent monitoring (MEWS) Transfusion - related event historyDiscontinue (return to Blood Bank)Perform relevant investigations (as recommended on the Transfusion Not consistent with condition / MODERATE Reaction Form) via 2222 (contact on-call Haematologist) Is haemorrhage likely to be causing hypotension? If not – discontinue transfusion (keep implicated units) Inform Blood Bank
 Return unit (with administration set) to Blood Bank
 If bacterial contamination suspected, contact Blood Bank to discuss recall of associated components
 Perform relevant investigations (as recommended on the Transfusion Reaction Form) If likely anaphylaxis / severe allergy – follow anaphylaxis pathw.
 If bacterial contamination likely, start antibiotic treatment
 Use BP, Pulse, urine output (catheterise if necessary) to guide intravenous physiological sodium chloride 0.9% administration
 Inform Blood Bank obinuria, nausea and vomiting, severe hypotensic frothy pink sputum, hypertension & tachycardia Identification and, visually assess blood component. Document outcome/action taken in notes. referral to MHRA/SHOT, as appropriate. Reaction Form (obtained from Blood Bank/printed from patient's Concerto) Complete Datix (IR1) and Transfusion Transfusion Practitioners will arrange Skin rash, tingling around face and lips, haemoglobinuria, nausea and vomiting, crackles, frothy pink sputum, hypertensi SEVERE / LIFE-THREATENING Maintain venous access Frequent Monitoring (MEWS) Initiate resuscitation – ABC



Adult Blood Transfusion Care Pathway (BTCP)

For administration of blood components/products

Patient Details - Affix label	
Name:	
Date of Birth:	PID:
NHS no:	Gender:
Consultant:	Ward:

Medical staff to complete

- Unless otherwise agreed locally*

	ing key issues <u>must be discussed and agreed</u> with the patient when obtaining valid verbal conse must be either ticked, marked as not applicable (N/A) or circle yes or no.	nt. All
	Type of blood components/product to be administered (e.g. red cells, platelets, plasma, cryoprecipitate, PCC, Anti-D, Factor VIII)	
2.	Indication for the component/product (e.g. low Hb, symptomatic, low platelet count, sensitisation)	
3.	Predicted benefits of having the component/product (e.g. no longer symptomatic, desired Hb)	
4.	Risks associated with the component/product (e.g. transfusion of incorrect blood component, transfusion reaction, transmission of infections, such as Hepatitis B, Hepatitis C, HIV, vCJD)	
5.	Is the patient at risk of Transfusion Associated Circulatory Overload (TACO)? (If yes, record the risks and actions on the prescription chart and add an alert onto Concerto)	Y / N / N
6.	Possible alternatives to transfusion if any (e.g. Oral / IV Iron, Intra-operative cell salvage, withhold transfusion with possible prolonged recovery)	
7.	Discussed route of blood transfusion/product (e.g. intramuscular, IV) and duration of the transfusio (e.g. 2 or 3 hours for Red cells, 30 minutes for FFP, Cryoprecipitate or Platelets)	on 🗌
8.	Patient informed of the correct personal identification process (visual and verbal)	
9	Patient (must be) informed that he/she cannot be a blood donor following blood transfusions	Y\NA
10	Written information provided (NHSBT leaflet or print off from Concerto)	
11	Does the patient need more time to consider or requires further information?	Y / N /
12	Has the patient given verbal consent if able?	Y/ NA
13	Unable to complete all of the above as the patient falls under the mental capacity act, confused, ventilated, emergency situation, sedated or other	Y / NA
14	Retrospective information has been given (Information must be given to the patient when able or given to the next of kin, legal guardian or carer.)	Y/ NA
	: Specific blood component/product must be prescribed along with special requirements if applicable (e.g. Irradiated HLA matched). If blood warming device required, please specify.	i, CMV
neck low	all points above have been discussed and marked appropriately before printing and signing you	ır name
int N	ame:Signed:Grade:	
. ooi o	lity:Date:	

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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. STEP 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). Warning: Both staff must be transfusion competency assessed in this process and at least one staff must be IV trained. 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 patients wristband. Confirm the correct spelling of the full name (if able). Check patient identification on the traceability label – against the wristband and prescription. Check patients hospital number corresponds with the wristband, prescription, consent and traceability label. Positively identify the component Check the traceability label against the blood component/product to confirm the unit number and blood group. Ensure expiry date is in date on the blood component. Check for any special requirements on the prescription and blood component i.e. irradiated, CMV negative etc. Check blood component for any leaks, discolouration, clots 2^{nd} Checker-Independently follows the same procedure at the <u>patient's side</u> in the presence of the 1^{st} Checker. 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. 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 BHH/SOL use traceability box GHH return traceability label via pod in an envelope **2nd checker** -Confirm the set-up is correct before starting the transfusion Warning: Hand washing and PPE must be done before checking the component at the patient's side, to ensure you do not leave the patient after checking to prepare for commencement. A fresh giving set must be used if transfusing different components Complete the blood prescription chart: document the blood component/product unit number and record start time in the medical notes. 2nd Checker- counter sign the blood prescription chart. Warning: 2nd checker does not leave until blood is up and running Recheck observations within 10-15 minutes after commencement Warning: Any concerns, refer to page 4 of the blood transfusion care pathway. Increase observation frequency if necessary. At the end of transfusion Recheck observations, document the finish time on the BTCP prescription, record volume given. Dispose of patients details attached in the confidential waste and the finished blood component/product into a suitable sharps bin. Record on a fluid balance chart if applicable. Clinical notes recording Transfusion reaction Follow page 4 of the blood transfusion care pathway and transfusion Start and finish time of transfusion, unit/batch number Any transfusion reaction/adverse events or absence of any concerns reaction form from Concerto. 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 1st Checker (administrator):- complete the table below after commencing each blood transfusion to confirm you have followed the steps above. Print Name: Date: Time: Signature:

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

(Adult) Components/Products Blood Specific fو **Prescription**

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Patien	t details (Patient details (Affix Label)			Transtus	sion Associated C	Transfusion Associated Circulatory Overload (TACO) Checklist (< or mark N/A)	(TACO) (Shecklist	(< or mark N/A)		
Name:				• Do	es the par	tient have a diagno	Does the patient have a diagnosis of 'heart failure'		>	to any of the questions, specify the actions necessa	ions ne	cessa
PID:				0 5 <u>3</u>	ngestive c moderate	ardiac railure (CC) to severe left vent	congestive cardiac railure (CCF), severe aortic stenosis, or moderate to severe left ventricular dysfunction?	, E	Review Defer t	Review the need for transfusion Defer the transfusion safely until the		
Date of Birth:	Birth:	Gender:		• • • • • • • • • • • • • • • • • • •	the patient the patient	is the patient on a regular diuretic? Is the patient known to have pulmonary oedem: Does the patient have respiratory eventons of	Is the patient on a regular diuretic? Is the patient known to have pulmonary oedema? Does the patient have resolvatory symptoms of		Use bo	issue can be investigated, treated or resolved. Use body weight dosing for red cells (especially	ved cially	
NHS no:				3 5 3	undiagnosed cause?	I cause?	symptoms of		Transf	Transfuse one unit (red cells) and review		
Consultant:	ant:	Ward:		pa pa pa pa	Is the fluid bala Is the patient or past 24 hours)? Is there any per Does the patier	Is the fluid balance clinically significantly por Is the patient on concomitant fluids (or has past 24 hours)? Is there any peripheral oedema? Does the patient have hypoalbuminaemia?	Is the fluid balance clinically significantly positive? Is the patient on concomitant fluids (or has been in past 24 hours)? Is there any peripheral oedema? Does the patient have hypoalbuminaemia?		symptc Measu Use pri Monito	symptoms of anaemia Measure the fluid balance Use prophylactic diuretic Monitor MEWS closely		
Allergies:	.s:			• Do	es the pat	tient have significa	Does the patient have significant renal impairment?		Frescriber: (print name and date)	ind date)		
)		Weight in kg:		Indica Packe increm	Indications for the Packed red cells: increment per unit for body	the use of blood cs: if no bleeding an it for a 70kg adult).	Indications for the use of blood components:- refer to NBTC indication codes Packed red cells: if no bleeding and anaemia reversible, use minimum number of increment per unit for a 70kg adult). If low body weight (< 50 kg): \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	NBTC irruse minii	ndication num num	d red cells: If no bleeding and anaemia reversible, use minimum number of units to achieve target Hb (Assume 10g/L ent per unit for a 70kg adult). If how hady weight (< 50 Kg): Volume to transfine (ml.) = (Desired Hb in g/l.) a Weight in Kg x 4.	ssume 1	0g/L
Plasma	/Octaplas	Plasma/Octaplas: 15ml/Kg (often 4 units), Platelets: 1 unit (unless ongoing bleed), Cryoprecipitate: 2 units	ets: 1	unit (ur	nless ongo	oing bleed), Cryop	recipitate: 2 units.) ((10		+
			Prescription	iption						Administration		
Date	Results	Blood component/Product	loV	┢	Rate Spe	Special requirements	Prescriber's signature	Given	Check	Unit/batch number Start	Finish	Nolu .
	(Hb, Pits or INR)	(be specific)		oute		(if required)	(print & sign)	ба	ed by	(stick label or write)	<u>ш</u>	Intus

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