

# ADULT BLOOD & BLOOD PRODUCTS PRESCRIPTION CHART

PLACE ADDRESSOGRAPH LABEL WITHIN THIS BOXED AREA

Consultant: \_\_\_\_\_  
Ward: \_\_\_\_\_  
Weight: \_\_\_\_\_

**Part 1: General guidance for medical staff**

- Consent (where possible) should be documented prior to transfusion
- The therapeutic target & the outcome of the transfusion should be documented in the health care record
- Ascertain if the patient has an "Advanced Directive" refusing blood components e.g. Jehovah's witnesses
- Ascertain if the patient has had any previous transfusion reactions, if so consider prophylactic medication & discussion with Consultant Haematologist
- Transfusions should be administered within core working hours i.e., 8am-8pm unless clinically indicated

**Recommended rates of infusion:**

- Transfuse red cells over 90mins – 2 hours or as clinically indicated (note: to ensure transfusion is given within 4 hours of removal from blood bank it should never be prescribed over more than 3.5 hours/unit)
- Transfuse Platelets, FFP & Cryo over 30mins or as clinically indicated

**Prophylaxis for reactions**

- If the patient has had 2 previous febrile non-haemolytic transfusion reactions (FNHTR) ensure Blood Bank have been notified & consider the use of Paracetamol
- For recurrent FNHTR or other mild allergic type reactions discuss with Transfusion Team – consideration may be given to washed products in future.

**CG10094 Indication for irradiated blood products:**

- All HLA matched products
- All donations from first or second-degree relatives
- All suspected or proven severe T lymphocyte immunodeficiency syndromes
- All recipients of allogeneic stem cell transplantation (SCT) from conditioning continuing whilst GvHD prophylaxis continues
- Allogeneic blood transfused to bone marrow and peripheral blood stem cell donors 7 days prior to or during a harvest
- All patients undergoing autologous bone marrow transplant or peripheral blood stem cell transplant from conditioning until 3-6 months post-transplant (6 months if total body irradiation was used)
- All patients with Hodgkin's Lymphoma at any stage of disease and for life
- All patients treated with any purine analogues e.g. fludarabine/ bendamustine/ clofarabine or 2CDA – lifelong
- Patients who have been treated with Alemtuzumab (anti-CD52) – lifelong
- All patients receiving immunosuppressive therapy with anti-thymocyte globulin (ATG)
- All granulocyte transfusions
- All blood for intrauterine transfusions
- Platelets transfused in utero to treat alloimmune thrombocytopenia (up until 6 months after EDD)
- Neonates who have had a previous intrauterine transfusion (up until 6 months after EDD)
- Neonates having an exchange transfusion

**CG10208 Guideline for the use of Cytomegalovirus (CMV) seronegative blood components**

- Neonates (children who are less than one month of full term delivery date)
- Intra-uterine transfusions
- Planned transfusions during pregnancy
- Granulocyte transfusions to patients who are themselves CMV IgG negative and are receiving, or may in the future receive an allogeneic transplant from a CMV IgG negative donor

**Part 2: Verbal consent obtained (a, b or c to be completed (✓) by prescribing Dr)**

- a) Patient incapacitated - unable to gain verbal consent to transfusion
- b) Documented in health care record that patient on long term transfusion support & has consented to transfusion plan previously
- c) Risks, benefits of & alternatives to transfusion discussed; verbal consent obtained & documented
- Patient offered a NHSBT information leaflet "Will I need a blood/platelet transfusion" (✓)

Completed by (signature): \_\_\_\_\_ Date: \_\_\_\_\_

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