PROCEDURE FOR PRESCRIPTION OF BLOOD AND BLOOD PRODUCTS

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Document Revision History		
Edition No./Change Request No.	**Description of Change**	**Date of Issue**
Edition 01	New document	05th May 2008
Edition 02 CRL3589 CRL7193 CRL7790	**1. Section 1.1.8:** Include the following: "a unit of red cells should be transfused within 4 hours of being removed from controlled storage" **2. Section 1.1.9:** Include: "the rate and volume of a transfusion is prescribed following clinical assessment, which should include an evaluation of the patient's age, body weight and concomitant medical conditions that pre-dispose to TACO: cardiac failure, renal impairment, hypoalbuminaemia and fluid overload" **3. Section 1.1.10**: Include the following "The concept that one unit of red cells gives a haemoglobin increment of 1g/dl should only be applied to 70-80kg patients. Prescription should be reduced in cases of patients of lower body weight, to avoid the development of fluid overload." 4. **Section 1.1.2:** Include HF-A-BTR-ANTIDRECORD for prescription of anti-D.	5th February 2013

0 INTRODUCTION

0.1. Scope and purpose

0.1.1. To promote the safe and accurate prescription of blood components and blood products.

0.2. Responsibilities

0.2.1. The prescription of blood components and blood products is always the responsibility of the doctor.

0.2.2. The prescribing doctor must consider and balance the benefits and risks of transfusion of the blood component or products before writing the prescription.

0.2.3. The prescribing doctor is responsible for recording the decision to transfuse and the reasons for transfusion on the transfusion laboratory request form and in the patients' medical notes.

0.3 References

0.3.1 National Blood users group Jan 2004. Guideline for the administration of blood and blood components, National Haemovigilance office.
0.3.2 Guidelines for the administration of blood components. British Committee for standards in Haematology (BCSH) 2009
0.3.3 Addendum to administration of blood components. British Committee for standards in Haematology (BCSH) 2012

0.4 Definitions- N/A

0.5 Abbreviations

0.5.1 CMV Cytomegalovirus
0.5.2 MRN Medical Record Number
0.5.3 ROTS Record of transfusion support
0.5.4 TACO Transfusion associated circulatory overload

0.6 Related Documents

0.6.1 PPPGG-LNP-32 Venepuncture policy for nurses and midwives
0.6.2 PPPGC-RW-PI-I Patient identification policy and procedure
0.6.3 HF-A-BTR-ROTS Record of transfusion support
0.6.4 HF-A-BTR-ANTIDRECORD Anti-D record
0.6.5 HG-A-BTR-RCC Guidelines for the transfusion of red cell concentrates

1 PROCEDURE

1.1 Prescription of blood components and blood products.

1.1.1 Blood components and blood products must be prescribed in the record of transfusion support (ROTS).
1.1.2 Anti-D is prescribed in the anti-D record (HF-A-BTR-ANTIDRECORD).
1.1.3 This is a dedicated record used for blood component and blood product transfusion.
1.1.4 There is a specific section in the ROTS to facilitate patients who require large volumes of blood components and blood products; refer to Massive/emergency transfusion. prescription/administration page.
1.1.5 A separate booklet should be used for separate emergency transfusion episodes.
1.1.6 The doctor must affix the correct, current patient addressograph label containing the three identifiers i.e. name, hospital number and date of birth on page 1 of the record of transfusion support.
1.1.7 Each unit of blood component or blood product must be prescribed on a separate panel of the record of transfusion support.
1.1.8 The doctor must clearly document the following information in the panel:

- Patient's full first name and surname,
- Hospital chart number,
- Date of birth
- Weight
- Date transfusion required
- Component / product required (exact number in mls for paediatric transfusions)
- Last blood results pertaining to this transfusion.
- Rate/dose
  A unit of RCC should be transfused within 4 hours of being removed from controlled storage
- Reason for transfusion
- Special requirements, e.g. CMV negative, irradiated, other

- Drugs, e.g. diuretics may be administered before, during or after transfusion for some patients. Pre-medications may be required if there has been a previous reaction to a blood product or component (e.g. Chlorpheniramine (Piriton) or Hydrocortisone). These drugs should be prescribed on the medication chart.
- Confirmation that the S.O.P. on informed consent has been followed.
- The doctor sign print their name, bleep number, MCRN and date the prescription.

1.1.9 The rate and volume of a transfusion is prescribed following clinical assessment, which should include an evaluation of the patient's age, body weight and concomitant medical conditions that pre-dispose to TACO: cardiac failure, renal impairment, hypoalbuminaemia and fluid overload (BCSH 2012).

1.1.10 The concept that one unit of red cell concentrate gives a haemoglobin increment of 1g/dl should only be applied to 70-80 kg patients. Prescription should be reduced in cases of patients of lower body weight to avoid the development of fluid overload (BCSH 2012).

1.1.11 If the prescription is to be altered or cancelled, the doctor must draw a line through the whole order and add their signature. The date and time of cancellation must also be recorded.

1.1.12 Write a new prescription if required**.**