PROCEDURE FOR MONITORING PATIENTS DURING ADMINISTRATION OF BLOOD AND BLOOD COMPONENTS AND DISPOSAL OF TRANSFUSION PACKS

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Document Revision History		
Change Request No.	**Description of Change**	**Date of Issue**
Edition 01	**1.** New edition replacing HP-A-BTR-MONITOR Edition 01 and HP-A-BTR-DISPOSAL Edition 01 **2**. Section 2 and 3 – Delete requirement for clear zip lock bag **3.** 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 **4.** Change of document title to HP-A-BTR-REACTION/EVENT Procedure for the clinical management and reporting of suspected transfusion reactions, serious adverse events, and non conformances	5th February 2013

0 INTRODUCTION

0.1. Scope and purpose

0.1.1. To promote the safe administration of blood and blood components
0.1.2. To ensure the patient is monitored correctly before, during and at the end of transfusion.
0.1.3. To ensure the correct and safe disposal of used transfusion packs/bottles

0.2. Responsibilities

0.2.1. Blood and blood components are viewed as intravenous medicines for administration purposes and therefore, should only be administered by a doctor or a nurse/midwife who is currently:
- registered with the appropriate regulatory body
- iv competent
- and has attended appropriate haemovigilance education

0.2.2. It is the responsibility of the medical and or nursing/midwifery staff caring for a patient receiving a transfusion to adhere to the procedure outlined in this procedure.
0.2.3. Final year nursing/midwifery students can undertake observations of patients receiving transfusions under the supervision of a qualified and trained nurse/midwife.

0.2.4. 3rd and 4th year BSc. midwifery students are allowed administer IM anti-D only under the direct supervision of the registered midwife acting as their preceptor.
0.2.5. It is the responsibility of each consultant and clinical nurse/midwifery manager to be aware of the content of this document and to ensure that current practices within their area of responsibility reflects the procedures outlined in this document.
0.2.6. The ward clinical nurse manager is responsible for ensuring that the staff within their area of responsibility is compliant with the MWA hospitals' training policy.
0.2.7. It is the responsibility of each relevant healthcare staff member to be aware of and to follow the procedure for disposal of used transfusion packs/bottles

0.3. Definitions

0.3.1 N/A

0.4. Abbreviations

0.4.1. ROTS Record of transfusion support
0.4.2. MWA Mid West Area
0.4.3. ICU Intensive care unit
0.4.4. IM Intramuscular

0.5. Related Documents

PPPGG-LNP-32 Venepuncture policy for nurses and midwives
PPPGC-RW-PI-I Patient identification policy and procedure
HF-A-BTR-ROTS Record of transfusion support
HF-A-BTR-ANTIDRECORD Anti-D record
HP-A-BTR-ADMTRACE Procedure for the blood components/products pre-administration checks and traceability
HP-A-BTR-REACTION/EVENT Procedure for the clinical management and reporting of suspected transfusion reactions, serious adverse events, and non conformances

1 PROCEDURE

1.1. Bedside check

1.1.2 Please refer to the procedure for blood components/products pre-administration checks and traceability (HP-A-BTR-ADMINTRACE).

1.2. Patient monitoring

1.2.1 All patients undergoing a transfusion must be carefully observed throughout the procedure.
1.2.2 Patients should only be transfused in clinical areas where they can be monitored. Visual observation of the patient is the best way of assessing their condition during the transfusion.
1.2.3 All observations must be recorded and signed in the administration section of the patient's record of transfusion support (ROTS).
1.2.4 Vital signs (temperature, pulse, respiration and blood pressure) should be measured before the transfusion, at 15 mins following commencement of transfusion and at the end of the transfusion.
1.2.5 In theatre and ICU, observations may be recorded in the anaesthetic or ICU sheet.
1.2.6 Severe reactions are most likely to occur within the first 15 mins/50mls of transfusion of each unit and the patient should be closely observed during this time.
1.2.7 Additional observations may be required if the patient becomes unwell or shows signs of a transfusion reaction.
1.2.8 Unconscious, unstable or paediatric patients may require more frequent observation and monitoring.
1.2.9 A fluid balance chart is recommended for patients having a blood transfusion.

1.2.10 A transfusion reaction should be considered in the event of any deterioration in the patient's condition or within 24hrs after transfusion.
1.2.11 The start time, finish time and the volume transfused must also be clearly recorded in the administration section of the ROTS.
1.2.12 Record data electronically where electronic records are in use.
1.2.13 Transfusion of a red cell must be completed within 4hrs of removing the unit from controlled storage and within 72hrs of sampling.
1.2.14 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

1.3. Serious adverse reaction

1.3.1 Any symptoms which may indicate a transfusion reaction must be investigated.
1.3.2 Please refer to the procedure for the clinical management and reporting of suspected transfusion reactions, serious adverse events, and non conformances procedures (HP-A-BTR-REACTION/EVENT).

2.0. Procedure for disposal of empty and partially infused packs with the administration set attached

2.1.1 Turn off the administration set on completion of the transfusion.
2.1.2 Ensure that the completed traceability label has been removed.
2.1.3 Seal the cannula connection part of the giving set with an obturator (bung) to prevent leakage and maintain sterility.
2.1.4 Place the empty or partially infused blood component pack and the attached administration set into clinical waste (yellow rigid bin with yellow lid).
2.1.5 This bin should be lined with an absorbent mat so that fluid may be absorbed in case of an accident during transportation.
2.1.6 In areas of high usage a designated bin is recommended.

3.0 Procedure for disposal of empty packs following multiple transfusions without the giving set attached

3.1.1 Turn off administration set on completion of transfusion.
3.1.2 Ensure that the completed traceability has been removed
3.1.3 Remove the pack from the administration set, using standard precautions.
3.1.4 Seal the blood pack with a coupler spike.
3.1.5 Place the empty or partially infused blood component bag into clinical waste (yellow rigid bin with yellow lid).
3.1.6 This bin should be lined with an absorbent mat so that fluid may be absorbed in case of an accident during transportation.
3.1.7 In areas of high usage a designated bin is recommended.

4.0 Procedure for the disposal of blood products

4.1.1 Discard empty and partially filled blood product bottles according to the local policy on health care risk waste and its segregation and disposal within the HSE MWA.

5.0 References

5.1.1 National Blood Users Group Jan 2004. Guideline for the administration of blood and blood components, National Haemovigilance Office
5.1.2 Guidelines for the administration of blood components. British Committee for Standards in Haematology (BCSH) 2009
5.1.3 Addendum to administration of blood components. British Committee for Standards in Haematology (BCSH) 2012

5.1.4 HSE West, Mid Western Regional Hospitals, Limerick. Policy on Healthcare Risk Waste and Its Segregation & Disposal, Revision No 02, 09/12