

Unique Identifier NO: TW.070.2013v4

**Transfusion Care Pathway**

Status: Operational

(Patient ID Label)

Name:  
DOB:  
NHS Number:  
Hospital Number:

Ward

**Problem/Need:** Transfusion of a blood component

**Aim/Goal:** Safe transfusion of the blood component(s)  
Desired effect of transfusion achieved  
Any reactions or problems detected quickly and treated effectively  
Variances recorded

**Consent and Patient Information** – to be completed by medical staff  
All patients requiring a blood transfusion must have the reason for the blood transfusion explained to them and must be informed of the risks and benefits ideally prior to the transfusion.

**Reason for transfusion:** \_\_\_\_\_

**Tick if apply**

Transfusion dependent patient already given information and consent recorded   
(if valid, transfusion can proceed without completing remainder of this page, renew annually)

Patient lacks capacity and best interest decision made (record details in medical notes)

Unconscious patient or emergency situation (information needs to be given retrospectively)

Tick	Tick	Tick
Benefits explained <input type="checkbox"/>	Risks explained <input type="checkbox"/>	Leaflet provided <input type="checkbox"/>
	Transfusion Reactions Circulatory overload Transfusion Transmitted Infections Receiving the wrong blood	Tick
Alternatives explained (if applicable) <input type="checkbox"/>	Explained can no longer donate blood	<input type="checkbox"/>

I have explained the reason for the transfusion and discussed the expected benefits and potential risks and the patient gives consent to receive the transfusion

Name (PRINT) ..... Signed .....

Designation ..... GMC/Reg. No. ....

Date ..... Time .....

Tick here if this is recorded retrospectively

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**Allergies and Adverse Drug Reactions – List the medicines or Substances & the nature of the reaction (write NKDA if none)**

**It is mandatory to complete this section**

Medicine/Substance	Reaction
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Sign (NAME)	Date
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Allergy status unconfirmed. Authority to administer ceases after 24 hours	Sign (NAME)	Date
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### Prescription Guidance

- Safe red cell rate for adults is 1.5 to 3 hours/unit, for Paediatrics up to 5 mL/kg/h except during major haemorrhage when very rapid transfusion may be required
- For each unit of FFP/Platelets/Cryoprecipitate stat/30 mins for adults, 10/20 mL/kg/h for paediatrics

Pre Hb

.....g/L

Pt Weight

.....kg

## Blood Component Prescription

Date	Blood Component	Are special requirements needed? State requirements or N/A	Volume	Rate	Prescriber		Transfusion Commenced	
					Name	Signature	Date	Signature
					Name	Signature	Date	Signature
					Signature		Time	Signature
					Name	Signature	Date	Signature
					Signature		Time	Signature
					Name	Signature	Date	Signature
					Signature		Time	Signature
					Name	Signature	Date	Signature
					Signature		Time	Signature

## Concomitant Drug Prescription (also check drug chart)

Drug	Dose	Route	Time to be given (eg prior to transfusion)	Prescriber		Administered		
				Name	Signature	Date	/ Time	Signature
Chlorphenamine								
Hydrocortisone								
Furosemide								
Furosemide								
Sodium Chloride 0.9%		IV	If required for CVAD priming line					

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### Nursing Action

<b>Pre transfusion checklist before collecting unit</b>		
Has consent been obtained by medical staff? (See page 1)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If it is an emergency and consent has not been obtained, proceed and ask medical staff to ensure consent information on page 1 is completed retrospectively.		
	Signature	Date
Explain procedure and allow time for questions		
Ensure patent cannula in situ		
Ensure ID wristband in situ <b>No Wristband, No Transfusion</b>		
Ensure prescription available (See page 2)		
Pre transfusion Pulse, BP, Resps, and Temp recorded		

### Administration by registered Health Care Professionals

<b>On receipt of blood component(s) take blood component and documentation to bedside. Pre-transfusion checks to be undertaken by TWO competency assessed qualified staff members AT THE BEDSIDE.</b>
1. Ask patient to verbally state their full name and date of birth. Check these details on wristband.
2. Check patient details on wristband match with the details on tag attached to blood bag and prescription.
3. Check component type and any special requirements (e,g irradiated) with prescription.
4. Check donation number and blood group on tag attached to blood bag matches with the base label on the blood bag.
5. Check expiry date. Inspect the pack for leaks, damage and discolouration.
Use blood giving set for all components. Change after 12 hours/3 units. Platelets must have a separate giving set.
6. Ensure traceability sticker completed by administrator with a signature, date and time of transfusion and placed over page.
Ensure traceability tag detached, completed by administrator and returned to transfusion laboratory as soon as possible.
Ensure prescription completed.
Record observations 15 minutes after transfusion commences, then hourly and upon completion of the unit. Record more frequently if the patient's condition warrants it. Refer to flow chart if patient has a reaction or problem with observations.
<b>On completion of each unit</b>
7. Record completion time over page.
Ensure blood bag discarded appropriately.
<b>On completion of transfusion episode</b>
File this care pathway document in case notes.

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	1 <sup>st</sup> Unit		2 <sup>nd</sup> Unit	
1. Verbal ID / Wristband check	Signature 1	Signature 2	Signature 1	Signature 2
2. Wristband / tag checked	Signature 1	Signature 2	Signature 1	Signature 2
3. Component / prescription	Signature 1	Signature 2	Signature 1	Signature 2
4. Tag/unit checked	Signature 1	Signature 2	Signature 1	Signature 2
5. Expiry date/ visual check	Signature 1	Signature 2	Signature 1	Signature 2
6.	Attach completed sticker here		Attach completed sticker here	
Observations of Temp, Pulse, BP and Resps for each unit as follows: Pre transfusion, approximately 15 minutes after commencing each unit, hourly whilst transfusion in progress, on completion.				
7. Completion time	-----/----- hrs		-----/----- hrs	

	3 <sup>rd</sup> Unit		4 <sup>th</sup> Unit	
1. Verbal ID / Wristband check	Signature 1	Signature 2	Signature 1	Signature 2
2. Wristband / tag checked	Signature 1	Signature 2	Signature 1	Signature 2
3. Component / prescription	Signature 1	Signature 2	Signature 1	Signature 2
4. Tag/unit checked	Signature 1	Signature 2	Signature 1	Signature 2
5. Expiry date/ visual check	Signature 1	Signature 2	Signature 1	Signature 2
6.	Attach completed sticker here		Attach completed sticker here	
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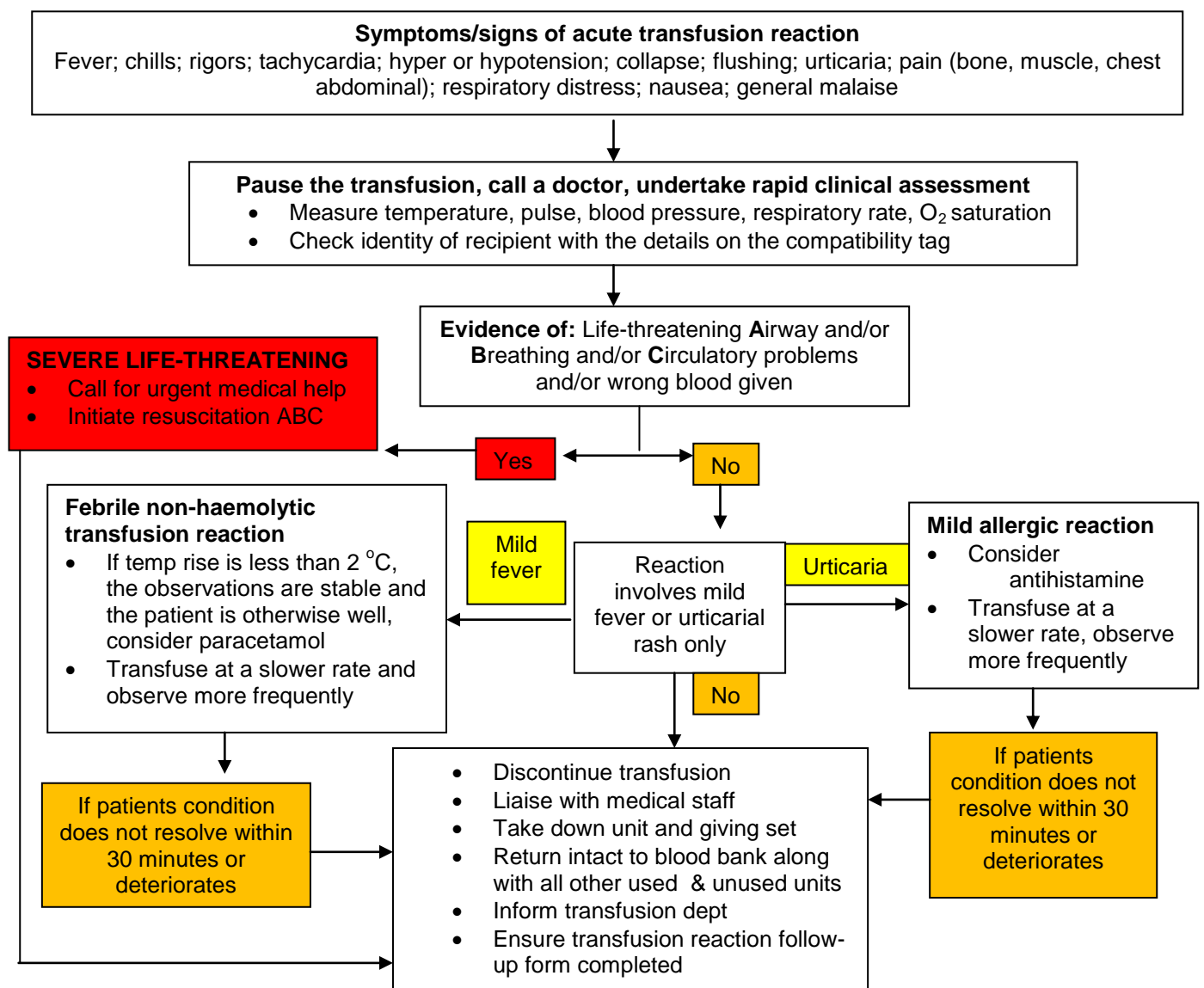
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**Evaluation & Variance Reporting**

Evaluation and/or Reason for Variance and Action Taken	Date, Time & Signature

**Blood Transfusion Reaction Summary**



If patients condition does not resolve within 30 minutes or deteriorates

- Discontinue transfusion
- Liaise with medical staff
- Take down unit and giving set
- Return intact to blood bank along with all other used & unused units
- Inform transfusion dept
- Ensure transfusion reaction follow-up form completed

If patients condition does not resolve within 30 minutes or deteriorates

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