Policy # & Policy Title: CC.03.001 Blood and Blood Product Transfusion and Administration
Effective Date: 01/06/2014

Policy:

It is Thompson Health's policy to administer blood and blood products in accordance with the AABB standards, FDA, HCFA, and NYSDOH Regulations and Standards. A physician, registered nurse, physicians' assistant, CRNA, or nurse practitioner must transfuse Blood and blood products.

1. Prior to compatibility testing, the transfusion service shall confirm that all identification information on the request is in agreement with that of the sample. The transfusion service shall accept only complete, accurate, and legible requests/samples.
2. If a patient has been transfused in the preceding 3 (three) months or has been pregnant, a sample for cross-match must be obtained from the patient within 3 (three) days of the scheduled transfusion.
3. The transfusion service personnel will determine what pre-transfusion testing is required and the appropriate component for the request. The component will be securely labeled to ensure positive identification of the recipient and component. The label will contain the unique identifiers: medical record number, Blood Bank (BB) ID band number (for packed red blood cells), full name, donor number, expiration date, and compatibility interpretation.
4. At the time of issue, two people (lab personnel and person picking up product) will perform verification. There shall be a final check of the transfusion service records and inspection for each unit or component. The transfusion service shall have a process in place to confirm agreement of the identifying information, records, blood and blood component and the request. Verification is performed by two (2) people
5. The following people may act as a courier to obtain blood /or blood components from the Blood Bank: Nursing, Lab, Security, health unit coordinator, nurse's aide and paid transport.
6. Recipients shall receive ABO group specific or ABO group compatible RBC components. Rh- negative recipients shall receive Rh-negative blood unless the attending physician for the recipient has signed a release for the recipient to receive Rh-positive blood. Urgent requests for blood and blood components, prior to completion of compatibility testing, requires a signed statement by the requesting physician indicating that the clinical situation was sufficiently urgent. The transfusion service will initiate the appropriate documentation papers.
7. Immediately prior to administration of a blood product, the person administering the blood/blood product shall, at the recipient's site, positively identify the recipient and the blood product to be transfused using patient name and unique numerical identifier. One additional person (RN or LPN with completed Blood Transfusion Competency) shall also identify the recipient, and blood product and it shall be documented in writing. Discrepancies will be resolved prior to transfusion.
8. Blood band is not required for transfusion of platelets, Fresh Frozen Plasma (FFP), cryoprecipitate or albumin. In the event the blood ID band is missing, the Red Blood Cell unit cannot be transfused and must be returned to the Blood Bank.

9. Blood and blood components can be returned to the Blood Bank only if the following conditions exist:
    - Container is intact
    - Temperature >1 C or < 10 C
    - Less than 30 minutes has elapsed
10. For auto transfusion, blood may be collected during surgery (intra-operative) from the operative site or after surgery (post operative) from body cavities or joint spaces. Blood collected peri-operatively shall not be transfused to other patients. Method for peri-operative blood collection and re-infusion shall be safe and aseptic and ensure accurate identification of all blood. The equipment used shall be pyrogenic free, shall include a filter capable of retaining particles potentially harmful to the recipient, and must preclude air embolism.
11. One hour after the completion of the transfusion the nurse will fax a copy of the completed blood tag to the laboratory Blood Bank.

Lippincott Links:

Blood and Blood Product Transfusion
http://procedures.lww.com/lnp/view.do?pId=742165&s=p&fromSearch=true&searchQuery=Blood+and+Blood+Product+Transfusion

Rhogam Administration
http://procedures.lww.com/lnp/view.do?pId=742842&s=p&fromSearch=true&searchQuery=Rhogam+Administration

Blood and Blood Product Transfusion Reaction Management
http://procedures.lww.com/lnp/view.do?pId=742166&s=p&fromSearch=true&searchQuery=Blood+and+Blood+Product+Transfusion+Reaction+Management

Supporting Procedures:
CC.03.001.14 Tissue Banking
CC.03.001.15 Blood Product Transfusion Reportable Errors

The following forms will be located in the Access Repository:
Autovac Log
Refusal to permit blood products

Attachment:
Albumin Procedure

References:

Committee Review:	Clinical Practice Council; Blood Utilization Committee
Joint Commission:	N/A
NYSDOH:	Blood Bank Regulations, Subpart 58-2, 10NYCRR
Other References:	Lippincott procedures and references
Review Cycle:	24 Months
Author:	Corey, Mary (RN)
Policy's Dept.:	01.640 - ICU
Supersedes:	CC.03.001 Dated: 4/22/13
Origin. Date:	08/01/1989
Applies To:	FFTH
Department List:	01.600 - Nursing Administration, 01.621 - 2 West, 01.627 - 3 West, 01.630 - 3 East, 01.640 - ICU, 01.646 - Obstetrics, 01.660 - Operating Room, 01.665 - PACU, 01.680 - Emergency Department, 01.687 - APC, 01.688 - Surgical Care Center, 01.702 - Laboratory, 01.720 - Radiology
Approved By:	Hazel Robertshaw (VP, Patient Care Services & CNO), Kirk Heriot (Pathologist), Sue Picchi (Legal & Compliance Administrator), Kirk Heriot (Pathologist)