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# Nursing Practice Alert

GO LIVE Tuesday, February 15<sup>th</sup>, 2022

## EMS Patient Transportation & Blood Product Administration: The Nurse's Role

Patients can NOW be transported between hospital sites with a continuing Blood Product Transfusion to expedite immediate transfer to the receiving unit and avoid delays. Patients that are *transported between facilities by EMS while receiving blood products* require special care to keep them safe! Here's how:

The role of the **Sending RN**:

- When you receive an order to administer blood products to a patient that is being transferred to another facility – don't delay! Start the transfusion according to hospital policy, including:
  - Patient identification
  - Documentation in EPIC
  - The 2-RN verification process
  - Patient monitoring, etc.
- Before EMS arrives, obtain (1) the DOH 5209 form 'EMS Transfer Blood Transfusion Record' and (2) the DOH 5210 form 'EMS Transfer Blood Transfusion Physician Orders' from Patient Works. The Provider must complete the DOH 5210/Orders form for the blood being transfused and for any additional units that are being sent with the patient.

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Emergency Medical Services Blood and Tissue Resources Program		Blood Transfusion Transfer Orders	
Patient Name (Print)		DOB	
Patient ID		Date	
Transferring Hospital Name		Receiving Hospital Name	
<input type="checkbox"/> Continue <input type="checkbox"/> PRBC <input type="checkbox"/> Other _____ at _____ mL/hr			
Also Administer:		# Units	Rate (mL/hr)
<input type="checkbox"/> PRBCs			
<input type="checkbox"/> Other:			

- If the patient is being transported with additional units, obtain a cooler from the ED. EMS will pack the cooler with ice and collect the additional blood products from the unit RN.

- When EMS arrives, give them handoff report and complete the *Pre-Transport Identification* section on the DOH 5209/Transfusion Record form with EMS. List unit infusing as well as any additional units being sent with patient on this form. All units must be verified with EMS.

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Emergency Medical Services Blood and Tissue Resources Program		Blood Transfusion Record	
Patient Name (Print)		DOB	
Patient ID		Date	
Transferring Hospital Name		Receiving Hospital Name	
<b>PRE-TRANSPORT IDENTIFICATION:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient wristband ID compared with ALL blood component units at patient's bedside with hospital staff</li> <li><input type="checkbox"/> Products are packed in a validated transport container, with a pre-transfusion blood specimen if available</li> <li><input type="checkbox"/> Number and type of components agrees with physician's orders</li> <li><input type="checkbox"/> Patient has a dedicated venous access line with only blood and/or 0.9% NaCl running</li> </ul>			
Hospital Staff (MD or RN):		PRINT NAME	SIGNATURE
EMT-CC/P:		PRINT NAME	SIGNATURE
Ambulance Service:		PRINT NAME	
Vital signs, including patient temperature, are to be monitored every 10 minutes and recorded on PCR.			
<b>COMPONENTS TRANSFUSED:</b>			
Component	Unit ID Code	Unit ABO/Rh	Start Date/Time    End Date/Time    Adverse Reaction (Record details on PCR)
			<input type="checkbox"/> YES <input type="checkbox"/> NO

- Document the amount of blood infused in the I&O record.

- Document that the transfusion continues during transport in the EPIC flowsheets under 'Blood Product Actions' by entering 'Transfer to EMS'

- Print the Clinical Summary (located in the Transport tab) to go with EMS and the patient. Documentation of blood administration will be available in the clinical summary. There is NO need to send a *downtime* blood transfusion form with the patient.

The role of the **Receiving RN:**

- When the patient arrives, get handoff from EMS and sign as the *Receiving Clinician* at the bottom of the DOH 5209/Transfusion Record.

- Continue to monitor the patient, according to policy, during the remainder of the transfusion.
- Send any additional blood product units that were transported with the patient to the receiving blood bank.
  - Don't keep them on the unit!
  - Don't transfuse them!
  - If additional units need to be transfused, the blood bank at the *receiving* hospital must receive a type and screen and process the units before they can be given to the patient. Return cooler and thermometer to EMS for disinfection and drying. They will return it to the sending facility.
- Document the transfusion, including the post-transfusion vital signs, on the blood transfusion *downtime* forms and in EPIC.
- Make a copy of the both the DOH 5209 & 5210 forms and place them in the patient's chart. EMS will keep the originals and submit copies to the receiving blood bank.
- Send the empty blood transfusion bag and tubing to the blood bank.

See Policy: MSHS 120A

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