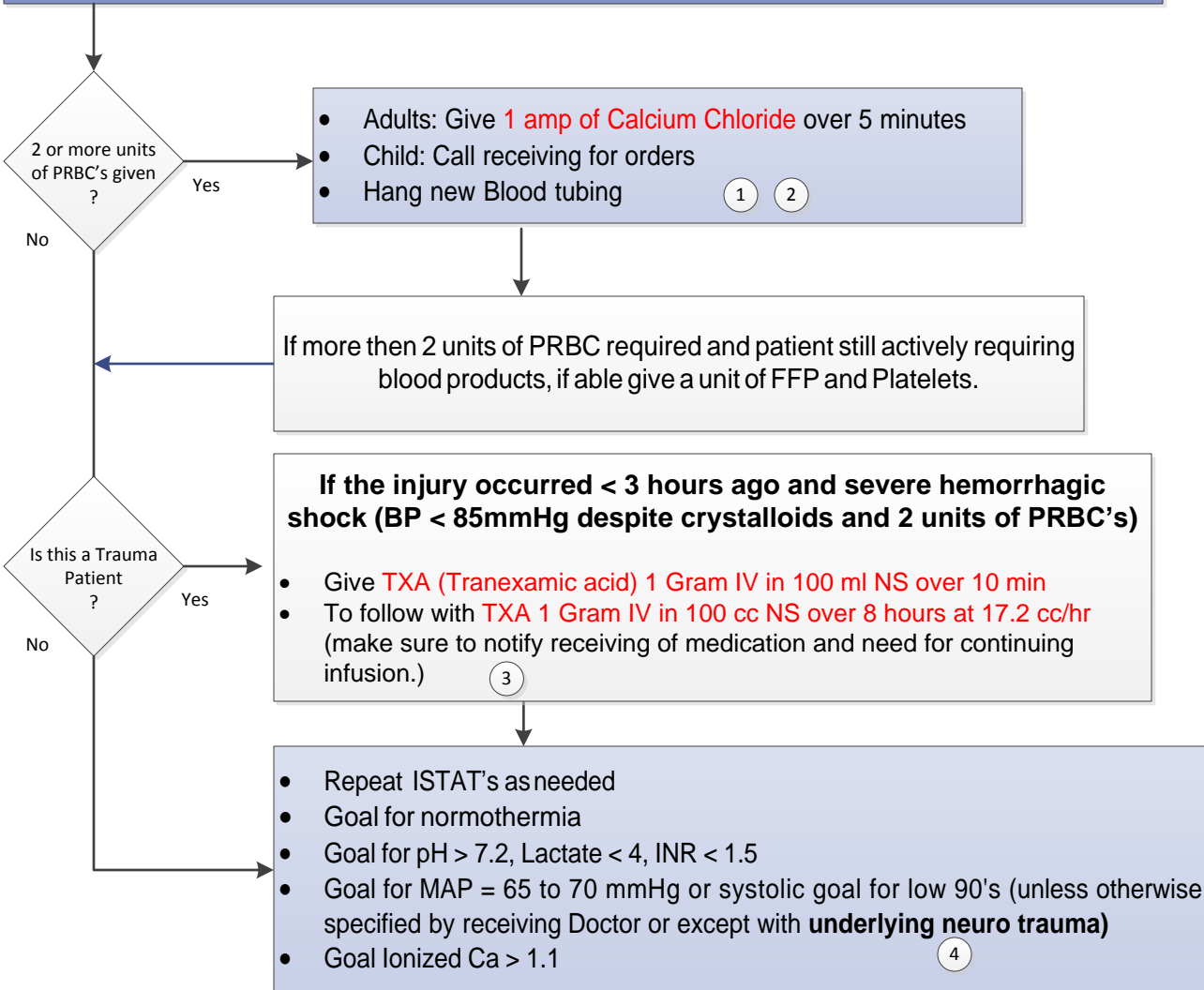


Blood Transfusion Protocol

- Check Unit # against patient's band number and lab orders if available with partner-2 large bore IV's (18 G or larger) with Normal Saline
- Check integrity of Blood Product, expiry date, write down unit #
- Keep all blood products, except Plasma in coolers when not in use. Blood has a 4 hour limit outside of proper storage containers.
- Watch for signs of transfusion reaction



INDICATIONS

- Acute Bleeding
- Symptomatic Chronic Anemia with Hgb <8.
- Coagulopathies (DIC, Hemophillia)
- Underlying medical conditions such as Leukemia causing Thrombocytopenia requiring Platelets.
- Elevated INR, Bleeding and requires FFP

Transfusion Reaction Symptoms

Fever, Chill, Urticaria, Puritis, Respiratory distress, Back pain, Chest Pain, Nausea and Vomiting, Hypotension

- **Stop Transfusion**
- Keep Blood bag for analysis
- **Benadryl 25-50 mg IV**, or Peds: **Benadryl 1 mg/kg** (max 50 mg).

1. If giving PRBC from AirLink supply, ensure the record is signed by Physician and returned to SCMC-B Blood Bank. If giving blood on transport from SCMC-B Blood Bank (including AirLink's blood supply, document in Blood Administration section on Golden Hour and send copy of chart to Blood Bank. If blood not from SCMC, you are still required to document all pertinent data under Blood Administration section on Golden Hour.
2. Any unused blood will be left with patient in patient room and staff notified of extra blood product.
3. TXA can cause hypotension if administered faster then over 10 min. ASK if patient has known clotting issues and do not administer if has hx of DVT or Pulmonary Embolism.
4. If patient is on Warfarin, ensure Vit. K given and consider FFP. If patient is an Obstetrical hemorrhage, consider giving Cryoprecipitate earlier.