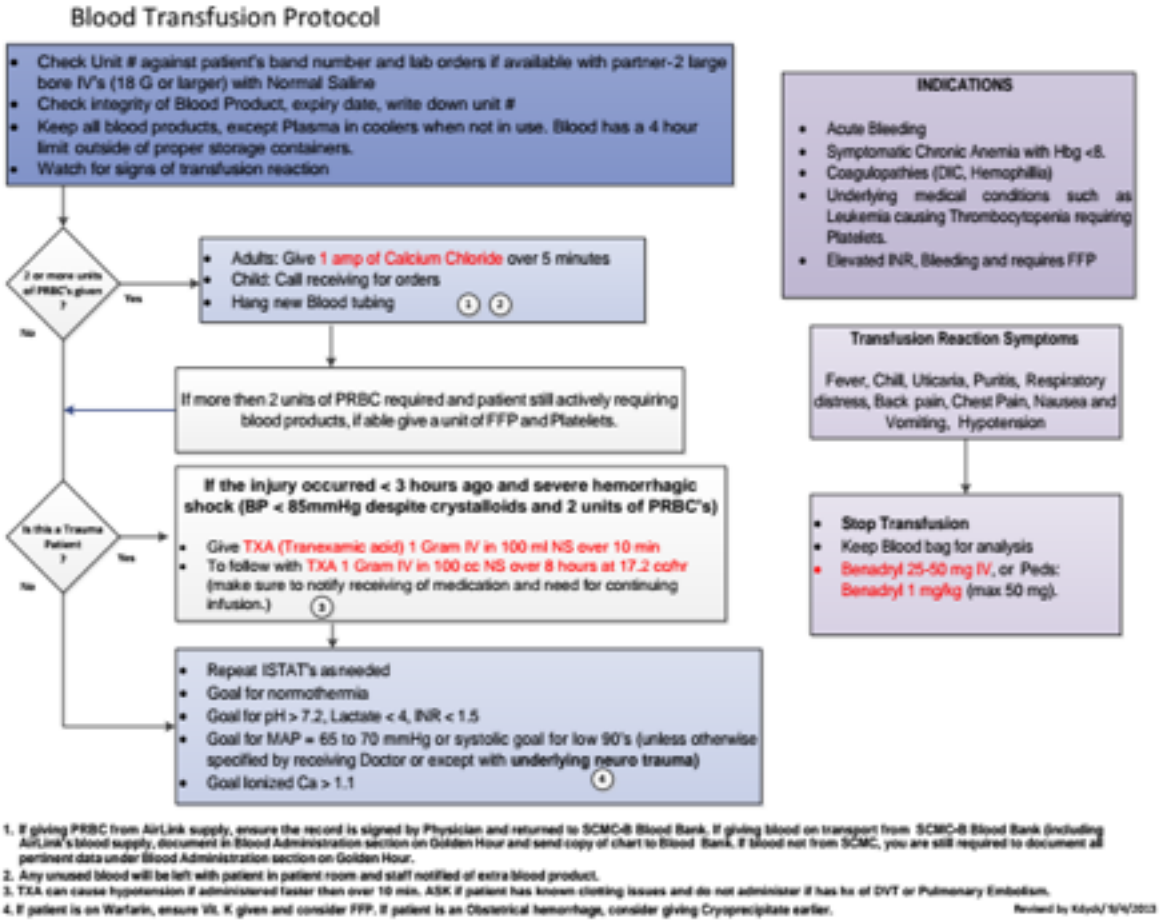

Blood Transfusion Protocol

• 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

• Adults: Give 1 amp of Calcium Chloride over 5 minutes

• Child: Call receiving for orders

• Hang new Blood tubing

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INDICATIONS

• Acute Bleeding

• Symptomatic Chronic Anemia with Hbg <8.

• Coagulopathies (DIC, Hemophillia)

• Underlying medical conditions such as Leukemia causing Thrombocytopenia requiring Platelets.

•

Elevated INR, Bleeding and requires FFP 2 or more units of PRBC's given ?

Yes

1 2

No

Transfusion Reaction Symptoms

Fever,

Chill, Uticaria, Puritis, Respiratory If more then 2 units of PRBC required and patient still actively requiring

distress, Back pain,

Chest Pain, Nausea and blood products, if able give a unit of FFP and Platelets.

Vomiting, Hypotension

If the injury occurred < 3 hours ago and severe hemorrhagic

Is this a Trauma

shock (BP < 85mmHg despite crystalloids and 2 units of PRBC's)

•

Stop Transfusion Patient ?

Yes

• Give TXA (Tranexamic acid) 1 Gram IV in 100 ml NS over 10 min

• To follow with TXA 1 Gram IV in 100 cc NS over 8 hours at 17.2 cc/hr No

(make sure to notify receiving of medication and need for continuing infusion.)

• Keep Blood bag for analysis

• Benadryl 25-50 mg IV, or Peds: Benadryl 1 mg/kg (max 50 mg).

• Repeat ISTAT's as needed

• Goal for normothermia

• Goal for pH > 7.2, Lactate < 4, INR < 1.5

• Goal for MAP = 65 to 70 mmHg or systolic goal for low 90's (unless otherwise specified by receiving Doctor or except with underlying neuro trauma)

• Goal Ionized Ca > 1.1

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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.

Revised by Kdyck/ 9/4/2013