Tasmanian Government

BLOOD TRANSFUSION ADMINISTRATION

FACILITY/:_____
WARD

☐ TASMANIAN HEALTH ORGANISATION – NORTH WEST
☐ TASMANIAN HEALTH ORGANISATION – NORTH

PT ID

SURNAME..... D.O.B.....
OTHER NAMES..... SEX
ADDRESS..... MARITAL STATUS
..... REL.

LABEL

Reaction Type	Signs and Symptoms
Mild Allergic	Localised urticaria, pruritus, rash, wheeze
Severe Allergic	Flushing, wheezing, hypotension anaphylaxis
Febrile - (Non Haemolytic)	Unexpected fever (>1° C) which may be accompanied by chills and rigors
Acute Haemolytic ABO Incompatibility	Rigors, fever, flank or IV site pain, tachycardia, dyspnoea, hypotension, unexplained bleeding, oliguria, haemoglobinuria
Septic Reaction	Fever, chills, rigors, nausea, vomiting, hypotension
Transfusion-Related Acute Lung Injury (TRALI)	Dyspnoea, respiratory failure, non cardiogenic pulmonary oedema, chills, fever

Clinical Action for *ALL* Transfusion Reactions.

1. **STOP the Transfusion Immediately.**
2. Check Vital Signs – Call for Assistance if required.
3. Notify RMO.
4. Maintain IV Access – withdraw 5-10mL prior to flushing with normal saline.
5. Recheck patient ID and product ID at the patient's bedside.
6. Notify Pathology for guidance.
7. Collect the following:
   * 1 x 6ml EDTA tube (Pink)
   * 1 x set of blood cultures
   * 1 x serum sample (Gold top)
   * 1 x urine sample.
8. Return all Blood Bags with giving sets to Pathology.
9. Document Event.

☐ Progress Notes
☐ EIMS
☐ Blood Product & Reaction Investigation Form

Transfusion Safety

Transfusions must commence within 30 minutes once product collected from controlled storage and must be completed within 4 hours from removal from controlled storage. Red Cells must be administered over a minimum of 2 hours, unless an emergency.
Patients receiving blood components or blood products must be directly observed for the first 15 minutes.

Refusal to permit transfusion of blood components or blood products:

1) Refusal to permit

I..... hereby **withhold** my consent to and forbid the administration
Person giving refusal *Print name*
of blood or its derivatives under any circumstances to
..... during this stay in hospital.
Name of patient if not self *Print name*
Relationship to patient if not self.....

The benefits and risks of this transfusion have been explained to me and I accept that this decision may have risks of permanent damage or possible death.

I have had the chance to ask questions and have had all of my questions answered.

I accept full responsibility for the risk and potential consequences of my decision.

The reason for my refusal is .....

I refuse the transfusion of Blood Components/Blood Products

Patient/guardian.....Date.....
Patient/guardian signature

2) Confirmation of refusal

I Dr..... have explained to .....
the potential consequences which may flow from the refusal to allow blood or its derivatives to be administered. It is my understanding that this explanation has been understood.

Medical Officer.....Date.....
Medical Officer signature

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Medical Officer to complete section 1, 2, or 3 for all episodes of transfusion.

CONSENT

Section 1

I Dr.....Medical Officer
Print name
have discussed with.....(patient/guardian)
Person giving consent *Print name*
the recommendation of a transfusion of blood components/blood products for
.....
Name of person if not self *Print name*

Please initial where applicable

☐ We have discussed the benefits and the foreseeable risks of the proposed transfusion
☐ We have discussed the alternatives to the proposed transfusion
☐ The *person giving consent* has been given the brochure '*Blood Transfusions – Have all your questions been answered*'

I have had the chance to ask questions and have had all of my questions answered.
I consent to the transfusion of Blood Components/Blood Products
Patient/guardian..... Date .....
Patient/Responsible Person signature

Medical Officer obtaining consent
Medical Officer..... Date .....
Medical Officer signature

Section 2

Transfusion dependent patients:
Patients requiring regular transfusions for the **same** indication/condition, the consent for transfusion is valid for 12 months.
Patient's Indication/Condition..... Date annual consent completed .....
If a transfusion is required for an indication/condition **other than** that described on their annual consent form, a new consent form must be completed for each episode of transfusion (e.g. an acute admission)

Name..... Signature..... Designation..... Date .....
Medical Officer/RN print name *Medical Officer/RN signature*

☐ **This consent is to remain valid for the next 12 months unless the indications for transfusion change (see Section 2).**

Section 3

Life Threatening Situation (Emergency Transfusion): Medical Officer to Complete
This episode of transfusion is due to an emergency situation. The patient/responsible person is incapable of agreement to the proposed transfusion. Completion of documented consent by the patient/responsible person for transfusion was unobtainable.
Medical Officer..... Signature ..... Date .....
Medical Officer print name *Medical Officer signature*

Medical Officer to complete:

INDICATIONS

Red cells: **Current Hb**.....**g/L; Ferritin** .....

Patient	☐ unstable	☐ transfusion dependant			
Blood Loss	☐ rapid	☐ ongoing	☐ anticipated		
Symptoms	☐ dyspnoea	☐ fatigue	☐ dizziness	☐ angina	☐ .....
Impaired Reserve	☐ cardiac	☐ pulmonary	☐ bone marrow dysfunction		☐ cerebrovascular
Altered O_2 Requirements	☐ tissue hypoxia		☐ sepsis	☐ anaesthesia	

Fresh Frozen Plasma
☐ Haemorrhage with INR > 1.5
☐ Haemorrhage – patient over anti-coagulated
☐ Pre-surgery with INR > 1.5
☐ .....

Cryoprecipitate
☐ Haemorrhage with Fibrinogen deficiency (<1.0g/L)
☐ Acute DIC
☐ .....

Platelets
☐ **Thrombocytopenia**
☐ Bone marrow failure – plt count <10x10°L or <20x10°L with risk factors
☐ Bleeding
☐ Invasive surgical procedure
☐ .....
Current Platelet Count .....

Biostate
☐ FVIII or ☐ vWF

Albumex ☐ .....

Prothrombinex
☐ with bleeding due to factor II, IX and or X deficiency
☐ Warfarin reversal
☐ **Current INR** .....

☐ **Massive Transfusion**

☐ **Human Anti-D Immunoglobulin**
Refer to appropriate form

IVIG
☐ Immunology ☐ Haematology
☐ Neurology ☐ .....