


Name of Policy: Blood Transfusion Reaction Protocol Policy Number: 3364-100-45-09 Approving Officer: Chief Executive Officer, Chief of Staff Responsible Agent: Chief Nursing Officer Scope: University of Toledo Medical Center		 Effective date: Original effective date: 3/14/1990	
Key words: Blood, Transfusion, Reaction, Protocol, Blood Component Transfusion Reaction			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy Statement

Each patient in whom a suspected blood/blood component transfusion reaction occurs will be evaluated at the time of the occurrence by a resident, allied health provider (advanced nurse practitioners and certified physician assistants) or attending physician.

(B) Purpose of Policy

To provide immediate and appropriate treatment of a suspected blood or blood component transfusion reaction.

(C) Procedure

1. Upon recognition of the suspected reaction event (including vital sign changes), the nursing staff will reference guidance documents in Mosby's. The nursing staff will notify the house physician or attending physician.
2. The physician or allied health provider (advanced nurse practitioners and certified physician assistants) will respond in person to the event, assess the patient, document the situation in the progress note, write necessary treatment orders, and sign the transfusion reaction blood bank documentation.
3. The signed paperwork will accompany the lab specimens for the required testing procedures.

Approved by:	Policies Superseded by This Policy:
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<hr/> <p>Daniel Barbee Chief Executive Officer</p> <hr/> <p>Date</p> <hr/> <p>Kurt Kless Chief Nursing Officer</p> <hr/> <p>Date</p> <hr/> <p>Puneet Sindhwani, MD Chief of Staff</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i> <i>Chief Nursing Officer</i></p>	<p>• <i>7-45-09 Blood Transfusion Protocol</i></p> <p>Initial effective date: 03-14-1990</p> <p>Review/Revision Date:</p> <p>4/10/91 9/8/93 9/11/96 10/14/98 2/20/02 3/9/05 5/25/2011 5/1/2014 8/1/2017 8/1/2020</p> <p>Next review date:</p>
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