

<b>Name of Policy:</b> <u>Blood Transfusion Reaction Protocol</u> <b>Policy Number:</b> 3364-100-45-09 <b>Department:</b> Hospital Administration Medical Staff <b>Approving Officer:</b> Chief Executive Officer - UTMC Chief of Staff <b>Responsible Agent:</b> Chief Nursing Officer <b>Scope:</b> The University of Toledo Medical Center and its Medical Staff	 <b>Effective Date:</b> 8/1/2020 Initial Effective Date: 3/14/1990
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" 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 follow their currently outlined Blood Transfusion Reaction Protocol: C5: Nursing Service Standard of Care and Practice: Blood and Blood Products: Transfusion Reaction Guidelines, and, additionally 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.

<b>Approved by:</b>  /s/ _____ 07/22/2020 Richard P. Swaine, CPA Chief Executive Officer - UTMC Date  /s/ _____ 07/22/2020 Amanda Lenhard, MD Chief of Staff Date  Review/Revision Completed By: HAS Chief of Staff	<b>Review/Revision Date:</b> 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  <b>Next Review Date:</b> 8/1/2023
<b>Policies Superseded by This Policy:</b> 7-45-09 - Blood Transfusion Reaction Protocol	