Name of Policy:	**Administration of Blood and Blood Components**
Policy Number:	3364-108-402
Department:	Pathology/Laboratory – Blood Bank
Approving Officer:	Chief Operating Officer – UTMC Professor Director, Blood Transfusion Service
Responsible Agent:	Blood Transfusion Service Supervisor Administrative Director, Lab
Scope:	Pathology/Laboratory – Blood Bank

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Effective Date: **03/20/2023**
Initial Effective Date: 6/1996

_____ New policy proposal
_____ Major revision of existing policy
__X__ Minor/technical revision of existing policy
_____ Reaffirmation of existing policy

(A) Policy Statement

The Blood Transfusion Service provides guidelines for the proper administration of blood and blood components though the appropriate use of filters, needles, pumps, and blood warmers.

(B) Purpose of Policy

To insure the safe and appropriate administration of blood and blood components by nursing and medical staff.

(C) Procedure

1. Follow the blood administration procedure outlined in the UTMC Nursing Guidelines: Blood and Blood Products. The transfusionist and another individual, both qualified for their role by credential, licensure, or academic/clinical training, must verify physician orders for transfusion, confirm documentation of patient consent, confirm the identity of the intended recipient using two patient identifiers and BB ID and verify the donor unit identification, BB ID, expiration and compatibility in the presence of the recipient. The transfusionist must sign the Transfusion form in space (1) and the verifier must sign in space (2), indicating they have checked the identification information immediately prior to initiating the transfusion.
2. Take patient's temperature, pulse, respiration rate and blood pressure prior to initiating transfusion. Record in the HIS and/or Transfusion Record form. Record date and time for initiation of transfusion. Remain with the patient for the first 15 minutes. Monitor and record vital signs 15 minutes into transfusion and at designated intervals throughout transfusion. Record post-transfusion vital signs, time, amount transfused and note of adverse effects, if applicable.
3. Blood must be administered as soon as possible after issue. Storage of blood in unmonitored refrigerators is prohibited. If it is not possible to begin transfusion within 30 minutes, return the donor unit to the Blood Transfusion Service for storage. The blood is unacceptable for reissue if the temperature of the unit exceeds 10°C. Blood units must be transfused within four hours, if spiked, or must be returned for discard in Blood Bank.
4. Blood and blood components must be administered through filters. Standard blood administration sets have an in-line 170-260µ filter.
5. 18- or 19-gauge needles are recommended for good flow rates and to minimize red cell damage. Infusion pumps (ex. Alaris 8150 Intravenous pump) may be used for transfusion.
6. Only normal saline (0.9 %) may be added to blood or blood components prior to or during transfusion. Lactated Ringer's and 5% dextrose in water are NOT to be used with blood and blood transfusion because of interference with the anti-coagulant in the blood that may result in clot formation or hemolysis.

7. Infuse Red Cell Products within four hours or as fast as patient can tolerate for massive blood loss. Fresh frozen plasma, platelets and cryoprecipitate should be infused at a rate of approximately 10-ml per minute.
8. Warming of blood must be accomplished only by transfusion through a properly maintained blood warmer and transfusion set. Blood warmers are equipped with HI and LO temperature alarms in order to detect malfunctions and prevent damaging temperatures that may harm the blood product or patient.
9. Patients receiving transfusion as outpatients or "Short-Stay" admissions are provided education for recognition of adverse effects post-transfusion by RN in infusion area.
10. The current edition of the "Circular of Information for the Use of Human Blood and Blood Components" is available upon request in the Blood Transfusion Service as a reference for laboratory, nursing and medical staff or students.

The blood administration process is randomly monitored by chart review for record completion and by self-evaluation using "Blood Administration Checklist" (Attachment 1). The BTS supervisor reports procedure variances observed to the Lab Utilization Committee and the Nursing Directors.

Approved by:		**Review/Revision Date:**
		6/96 3/1/2017 11/96 3/1/2019 1/98 3/1/2021 3/99 3/20/2023 8/00 3/02 1/05 12/07 6/9/2008 2/27/2009 3/22/2011 3/01/2013 3/02/2015
/s/ Lauren Stanoszek, M.D. Assistant Professor Director, Blood Transfusion Service	03/21/2023 Date	
/s/ Christine Stesney-Ridenour Chief Operating Officer - UTMC	03/21/2023 Date	
Review/Revision Completed By: Danielle Weilnau, MLS(ASCP)^{CM}		**Next Review Date:** 3/1/2025
Policies Superseded by This Policy:		

Reference:
1. AABB Standards for Blood Banks and Transfusion Services, Current edition.
2. "Circular of Information for the use of Human Blood and Blood Components", current edition.
3. Nursing Guidelines for Administration of Blood and Blood Components, UTMC Nursing Policy Manual