

NURSING SERVICES GUIDELINE HEMODIALYSIS

Guideline: Blood Transfusions During
Dialysis



Policy Number Superseded:

Responsibility: Hemodialysis Registered Nurse
(RN)

Effective Date:
June 2026

Purpose of Guideline:

Initial Effective Date:
August 1989

Equipment:

- (1) One 250 ml 0.9% Normal Saline (NS)
- (2) One Y-Type blood solution
administration set
- (3) Intravenous (IV) Pump

<u>Procedure</u>	<u>Point of Emphasis</u>
(1) Review physician order.	Verify that consent is signed.
(2) Determine if the patient has had any previous transfusions; if yes, inquire if there was ever an adverse reaction.	
(3) Confirm the patient's identity with two patient identifiers.	Using two patient identifiers will reduce the number of medical errors.
(4) Explain procedure to patient and/or family with review of potential reactions.	Review of education will help alleviate anxiety, fears and frustrations.
(5) Assemble equipment.	
(6) Hang 250 ml NS and prime Y-type blood solution administration set.	
(7) Connect Y-type tubing to Atrial port of dialysis tubing.	Per Manufactures recommendations to utilize the warming of the blood per Hemodialysis machine.
(8) Obtain unit of blood (if two units are ordered, get both units at the same time.)	All blood tubing should have a filter.
(9) Check blood products according to hospital procedure and document.	Two RNs must check blood against patient's blood band and blood bag at

Guideline:
Blood Transfusions During Dialysis

2

	bedside and complete blood transfusion form in the EMR.
(10) Obtain base line vital signs according to hospital procedure and document.	
(11) Document in the EMR that the Crit-line is no longer in use	Crit-line readings are not accurate with blood transfusions.
(12) Attach unit of Red Blood Cells (RBCs) to primed Y-type blood solution administration set.	Use IV pump.
(13) Regulate transfusion rate to 250 ml/hr for first 15 minutes.	RN will remain with patient for the first 15 minutes of each transfusion to monitor for potential reactions.
(14) After 15 minutes, obtain vital signs according to hospital procedure and document.	
(15) If no reaction, increase flow to 999 ml on the pump.	If patient has a reaction, stop transfusion immediately and follow appropriate hospital procedures and document.
(16) After unit of RBCs are infused, flush Y-Type blood solution administration set with 50ml of NS.	Include transfusion in Ultrafiltration calculation. 400 ml <u>per unit</u> includes NS flush after blood.
(17) Obtain vital signs according to hospital procedure and document.	
(18) If additional unit of RBCs is to be administered, repeat steps 5-15.	
(19) Disconnect Y-type solution administration set from extracorporeal circuit.	Dispose of Y-type tubing according to hospital policy for hazardous waste disposal.

Documentation:

Blood Product Flow Sheet completed in EMR. To be completed on paper form if EMR is down.	Date, time, blood product and unit #, medical record #, blood donor type, IV size, filters, vital signs, and RN signature.
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Charges:

Guideline:
Blood Transfusions During Dialysis

3

- (1) Pharmacy 250 ml NS charge
- (2) Blood transfusion

References:

Gorski, L.A. (2018). Chapter 11: Transfusion therapy. In *Phillip's manual of I.V. therapeutics: Evidence-based practice for infusion therapy* (7th ed., pp. 550-609). Philadelphia: F.A. Davis Company.

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Reviewed by Policy & Standard Committee:
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