QUALITY HOSPITAL LABORATORY 123 W Blood Well Componentville, State of Transfusion Phone: (123) 456-7890

Patient Name: _____ Patient DOB: _____ Patient I.D.#: _____

Physician: _____ Phone #: _____ **Signature**: _____

UNITS	COMPONENT	QUANTITATIVE CRITERIA	PRE	POST
	PACKED RBC'S	Hbg < 8.0 gm/dl Hct < 24% and patient not bleeding		
	PLATELET PACK/PHERESIS	Platelets < 20,000 patient not bleeding 1 Pheresis = 4-8 Packs		
	FRESH FROZEN PLASMA	PT and or PTT > 1.5 x reverence with bleed and/or surgery		

√	SERVICE ORDER
	Type & Rh
	Indirect Ab Screen
	Direct Coombs
	Type & Screen
	Ab identification
	Ab Titer
	KBS
	Trans Rxn Work-up
	Cold Agglutinins
	Other:

√	UTILIZATION REVIEW
	JUSTIFIED BY INDICIES
	JUSTIFIED BY LISTING
	JUSTIFIED BY REASON
	POSSIBLY NOT NEEDED
	PROBABLY NOT NEEDED
	UNNECESSARY TRANSF

Rev Init & Date: _____

COMP	√	EXPANDED CLINICAL GUIDELINES
PRBC		Congestive heart failure
		Myocardial ischemia
		Hypoxia – PO2 < 60 mm Hg or dyspnea on exertion
		Acute hemorrhage > 25% blood volume/BP < 100 /P > 100/min
		Preoperative anemia with prospect of intraoperative bleeding
PLAT		Count < 50,000 with bleeding
		Platelet dysfunction with prolonged bleeding time
		Massive trauma with dilution thrombocytopenia
		Count < 50,000 + invasive procedure homeostasis c/n be visualized
		Count < 100,000 + invasive CNS, eye, ureter, airway
FFP		Replacement of single congenital deficiency (Factors II,V,VII,IX,X,XI)
		Liver disease unresponsive to vitamin K/ Acute warfarin reversal
		DIC or antithrombin III deficiency when replacement product unavailable
		Thrombotic Thrombocytopenia Purpura (TTP)
TEXT		**OTHER REASON FOR TRANSFUSION NOT LISTED ABOVE**

INFORMED CONSENT FOR THE USE OF BLOOD AND BLOOD COMPONENTS

Your physician has determined that you need to be transfused. This involves the infusion of one or more units of donated blood or blood components into your blood stream through a catheter inserted in one or more of your veins by a physician or other healthcare worker. Blood Donors are volunteers. Those at high risk for infectious disease are asked to abstain from donation. Donated Blood is carefully screened by laboratory testing to further minimize the risk for transmission of infectious disease as well as to match your blood type as closely as possible. It is preserved and stored in sterile containers at controlled temperatures prior to transfusion to avoid bacterial contamination and to maintain its effectiveness. These efforts ordinarily make transfusions a safe and effective way of temporarily correcting a loss of red blood cells and/or other blood components.

Occasionally adverse effects do occur including but not limited to some or all the following: allergic reaction (e.g., itching, swelling), fever, chills, chest pain, hypertension, nausea, flushing, back pain, pain at the site of infusion, generalized bleeding, headache, dizziness, and/or volume overload. Rarely rapid destruction of donor and/or your red cells, loss of kidney function and difficulty in breathing or even death may occur. Although unlikely, you may be exposed to the effects of donor medications remaining in the transfused component. Females of child bearing age may become sensitized to blood antigens that might adversely affect a future pregnancy. On rare occasion infectious diseases including but not limited to West Nile Virus, Jacob Creutzfeld Disease, Hepatitis, HIV, CMV or malaria may be transmitted by transfusion. Other diseases not now known to be transmitted via transfusions might be transmitted.

Directed Blood Donation may be available through the American Red Cross for non-emergency situations. The recipient is allowed to choose his or her own donor. However, these individuals must pass strict screening tests that may disqualify them as a donor or may lead to interpersonal complications.

It is recommended that patients with rare phenotypes and alloantibodies to clinically significant high incidence antigens consider the use of autologous blood through The American Red Cross. Long term storage of autologous blood may be available with the additional risk of bacterial contamination.

The alternatives to transfusion available include medications and some types of intravenous fluids. Although these generally do not carry the same level of risk, they are not as effective in all clinical situations as blood and blood components. You and your physician must weight the risk of complications against the potential benefits. Additional risks and alternatives_____

Physician signature:_____ Date: _____

I _____have been informed by_____ the reasons for my transfusion, the
[Patient/Power of Attorney/Proxy Name] [Doctor/ Nurse's Name]
risks and benefits of transfusion, and the risks if I do not consent to transfusion and hereby ☐ **DO** ☐ **DO NOT** [Check One] consent to transfusion.

TRANSFUSION NURSING MONITORING FORM

Date:

Component transfused: ☐ RBC's ☐ FFP ☐ Platelets ☐ Other: _____

☐ Identify Donor Unit ☐ Identify Patient by Name ☐ Identify Patient by Wrist Band

Identifier 1: Identifier 2:

1. Each component transfused requires its own sheet.
2. All 3 identifications must be confirmed prior to transfusion.
3. Two staff nurses or staff doctor and nurse must make all 3 identifications.

Patient Vital Signs	Temperature	Blood Pressure	Pulse	Respirations	Initials
Pre – infusion					
At 15 minutes					
End of transfusion					

Patient Clinical Status	Start	15 min	30 min	1.0 hr	1.5 hr	2.0 hr	2.5 hr	3.0 hr	3.5 hr	4.0 hr	End	30 min
Okay [no findings to check]												
Not Okay [check findings]												
Major Clinical Findings												
Dyspnea/Wheezing												
Hypotension												
Anxiety/Sense of Doom												
Chills												
Anuria												
Nausea & Vomiting												
Diaphoresis												
Severe Back/Chest Pain												
Generalized Bleeding												
Minor Clinical Findings												
Rash												
Urticaria												
Temp ↑ 1.5 ° or greater												
Rigor												
Other:												

SUSPECTED TRANSFUSION REACTION

1. Suspend transfusion for any reaction.
2. Start normal saline KVO to keep IV access.
3. Check patient, wrist band and blood unit ID & ABO.
4. Notify physician, nursing supervisor, and blood bank.
5. Complete form for suspected transfusion reaction.
6. Send first voided urine, 1 red top, and 1 purple top tube properly identified with completed form to the blood bank.

If an acute hemolysis or anaphylaxis is suspected:

1. **Disconnect blood unit immediately.**
2. Notify physician and lab immediately.
3. Hang new IV tubing – do not flush old line!
4. Run normal saline to maintain IV access.
5. Closely monitor vital signs and symptoms.
6. Check patient, wrist band and blood unit ID & ABO.
7. Send first voided urine, 1 red top, and **1 purple top** tube

CLINICAL NOTES

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