

The Western Health policy on blood product administration is:

- The risks and benefits of the administration/ transfusion of the blood product(s) must be explained to the patient or the person legally responsible for the patient prior to administration/commencement and the clinician obtaining consent must sign the clinician declaration on the Blood Prescription form.
- The risks and benefits of the administration/transfusion of blood products must be discussed with the patient when applicable during consultations at Pre Admission Clinic and consent obtained at this time. The Clinician obtaining consent must sign the declaration on the Blood Prescription form.
- The clinician ordering the blood product may not be the clinician obtaining consent for administration/ transfusion of the blood product
- Consent for the administration/transfusion of blood products must be obtained for each transfusion episode
- If a patient or person legally responsible for the patient refuses administration/transfusion of blood products a refusal of treatment form MUST be completed
- Under no circumstances can administration/transfusion of blood products proceed if a refusal of treatment form has been completed
- If emergency treatment is required and consent cannot be obtained for administration / transfusion of blood products this must be indicated on the Blood Prescription form.
- If more than five (5) Units / products are required in any one transfusion episode then additional Blood Prescription form(s) must be completed to record these orders.
- Patients receiving blood / blood products via infusion must only be managed by Division 1 RNs/Midwives who have successfully completed the “Storage, Collection and Administration of Blood Products” learning package
- Immediately prior to the transfusion of each unit, two Division 1 Registered Nurses/Midwives or a Division 1 Nurse/Midwife and a Medical Officer MUST CONFIRM at the patient’s bedside that all details for the patient and the blood product correspond.
- Both staff members checking the product must sign the Blood Product Issue Form after checking each unit or blood component. The time of commencement and completion of transfusion of each unit must be recorded on the blood product issue form, the Blood Prescription form and the frequent observation chart.
- The transfusion MUST NOT COMMENCE if any discrepancies are noted. Clarification must be sought by contacting the Hospital Transfusion Laboratory Scientist.
- All blood products must be administered through a giving set with a 170 – 260 µm in-line filter
- Routine (non-urgent) administration/transfusion of blood products should not occur overnight

Western Health

BLOOD PRODUCT PRESCRIPTION FORM

Adverse Drug Reaction Sticker

(See Medication Chart for details)

Facility Service _____

Ward/Unit _____

AFFIX PATIENT IDENTIFICATION LABEL HERE & OVER LEAF

UR No: _____

Family Name: _____

Given Names: _____

Address: _____

DOB: _____

Sex M F

1st Prescriber to Print Patient Name and Check Label Correct

Patient Weight (kg) _____

SPECIAL REQUIREMENTS: Irradiated CMV negative Leukocyte filter Warming Autologous

PLEASE NOTE : **DO NOT** TRANSFUSE IF A REFUSAL OF TREATMENT FORM HAS BEEN COMPLETED

Transfusions of Non-Urgent Blood Products are not to occur overnight

Date	BLOOD PRODUCT Saline Flush/ Diuretic if required	Infusion Rate	M.O. Signature	Unit / Batch Number	Administration Time		Nurse Initials x 2	
					Start:	Finish:		
					Start:			
					Finish:			
					Start:			
					Finish:			
					Start:			
					Finish:			

CLINICAL INDICATION(S) FOR TRANSFUSION / ADMINISTRATION OF BLOOD PRODUCTS

If your patient does not meet these criteria, consider carefully the need for these products and the risk they carry to your patient.

Please see WH Intranet Policies & Procedures page for more detail

Red Cells: (please tick)

- Haemorrhage (> 1000mL)
- Anaemia -- (Hb 70-100g/L with ongoing blood loss)
- Anaemia -- (Hb 70-100g/L - S&S of impaired O₂ transport eg angina, cardiac disease)
- Severe anaemia (Hb < 70g/L)
- Bone marrow failure (Hb 80 - 100g/L)
- Other (specify): _____

Platelets: (please tick)

- Thrombocytopenia
- Bone marrow failure- Platelet count <10 x 10⁹/L OR <20 x 10⁹/L with risk factors
- Bleeding
- Invasive surgical procedure
- Other (specify): _____

Fresh frozen plasma (FFP): (please tick)

- Haemorrhage with INR > 1.5
- Haemorrhage & Pt. over anti-coagulated.
- Pre-Surgery with INR > 1.5
- Other (specify): _____

Cryoprecipitate: (please tick)

- Haemorrhage with Fibrinogen deficiency (<1.0g/L),
- Haemorrhage from trauma with Fibrinogen deficiency (<1.0g/L)
- Haemorrhage in acute DIC
- Other (specify): _____

Rh D immunoglobulin (please tick)

- Antenatal Prophylaxis @ 28weeks
- Antenatal Prophylaxis @ 34 weeks
- Sensitizing event
- Postpartum

Transfusion / Administration agreed to by

- Patient
- Parent (If Child)
- Guardian

Patient donated own blood?

- Yes
- No

Transfusion/ Administration refused because

- Personal reasons
- Jehovah's Witness

Refusal recorded?

- On RC form
- In history
- Not recorded

Patient/ guardian incapable of agreement to, or refusal of, transfusion

Blood products administered as emergency life saving treatment

- Yes
- No

I **have / have not** been able to explain to the patient/person legally responsible for the patient, the indications, the nature and the possible effects of the transfusion or administration of the blood product. I **have / have not** given them written information. (Please circle / cross as appropriate)

Signature of Clinician: Surname Printed:

Designation: Date:

BLOOD PRODUCT PRESCRIPTION FORM

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