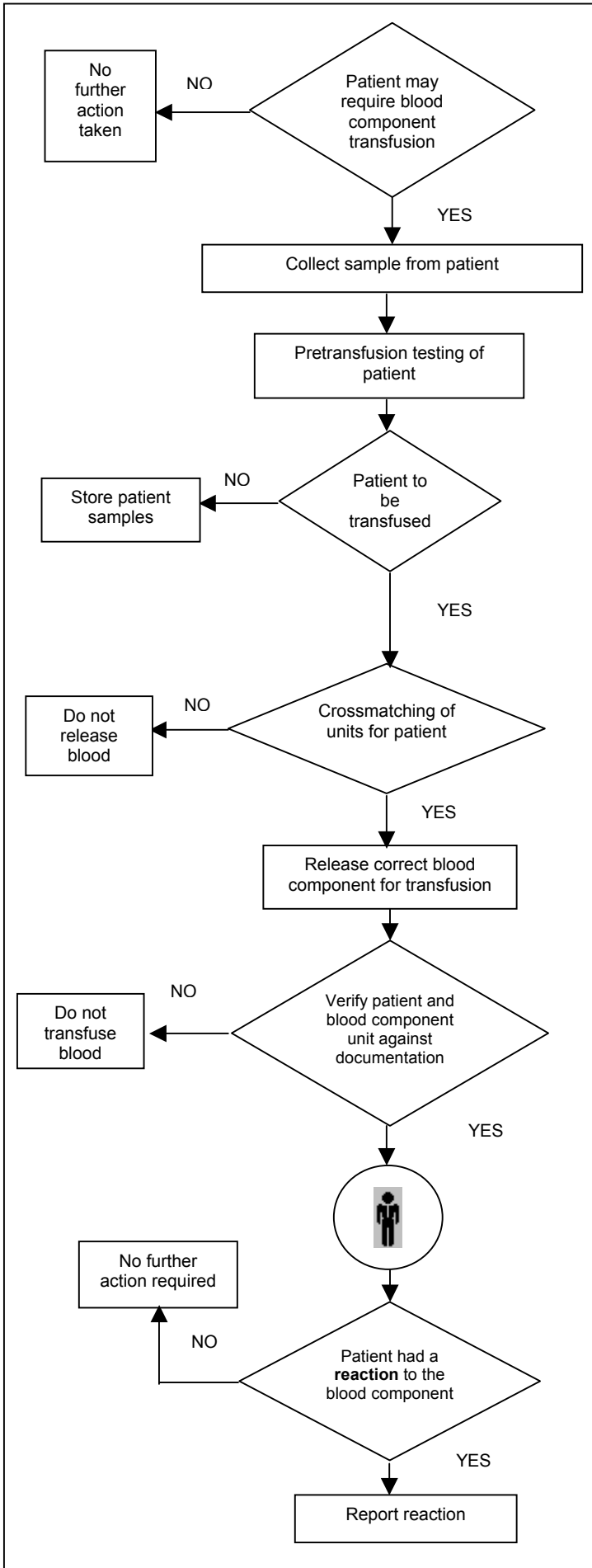


Clinical Care – Fresh Blood Component Transfusion



Ensure appropriate documentation at all stages

Clinically assess for the appropriate use of

- red blood cells,
- platelets,
- fresh frozen plasma,
- cryoprecipitate.

Ensure adequate documentation and accurate identification to eliminate clerical error and patient misidentification.

Determine the patient's ABO group, Rh(D) group and antibody screen.

Document indication for transfusion of blood component in patient's medical record and on the blood component request form.

Provide a clear explanation to patient of the potential risks and benefits of blood component therapy. Obtain patient's consent and document it.

A patient's blood type, including ABO and Rh group, should be compatible with the donor's blood type.

Attach patient's crossmatch details to blood component unit.

Before release of the blood component ensure that all appropriate cross matching and verification procedures have been performed.

Document the release of the blood component in the blood bank inventory.

Two people should verify the patient's identity and blood component against the documentation before commencing a transfusion.

The two people must either be a registered medical practitioner or a registered nurse.

If blood component is not used return to the blood bank immediately and record return in the inventory.

THE PATIENT

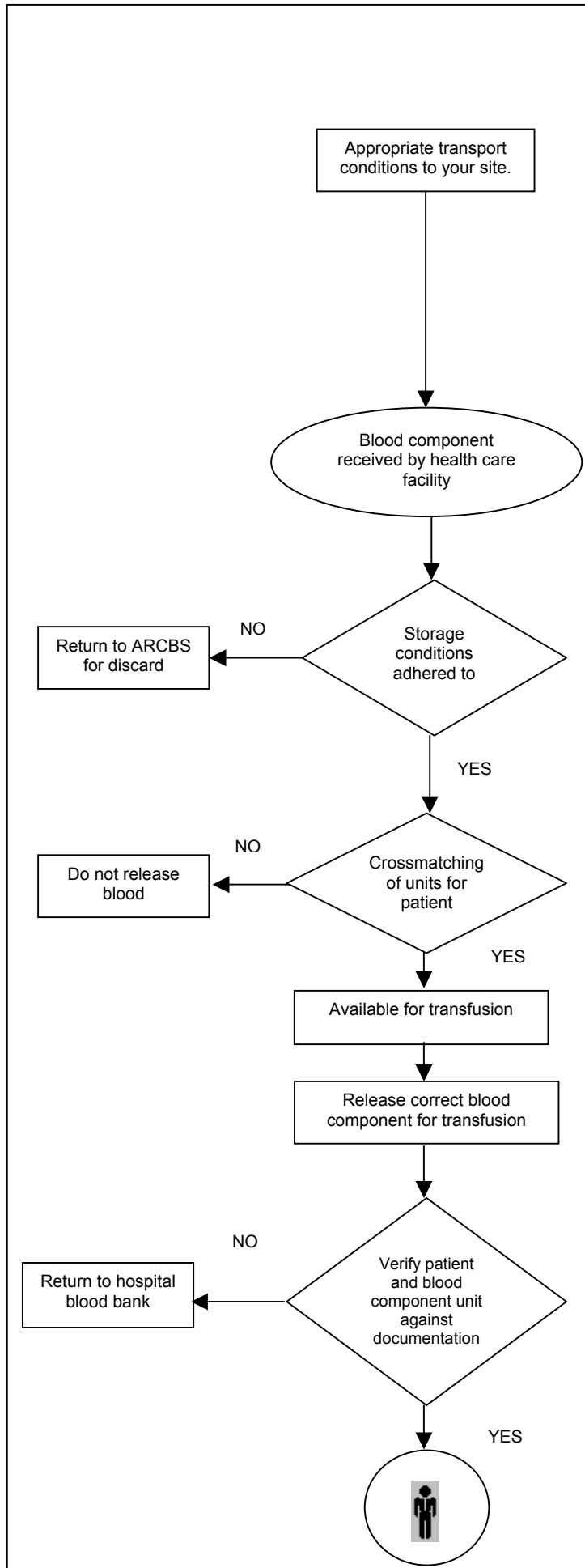
As a minimum the reaction should be reported to:

- Clinician responsible for the patient,
- The hospital blood bank that issued the blood component,
- Hospital blood transfusion committee,
- ARCBS if possible transmission of an infectious agent. Other significant reactions such as ABO incompatibility, GVHD and TRALI should be reported to the ARCBS.

Document in the patient's medical record.

Adapted by the Blood Policy Unit of the Victorian Department of Human Services, from a draft model developed by the NSW Department of Health's Blood Use Improvement Group, 2002.

Management of Fresh Blood Products in the Hospital



Ensure appropriate documentation at all stages

Transport from the ARCBS to designated point by a validated transport vehicle.

Transport from a designated point such as a regional centre to a health facility or from one site to another within the health facility by a validated transport vehicle or a validated transport system.

Products to be transported at the following temperature range

- Red blood cells: 2 – 10°C
- Platelet concentrates: 20 – 24°C
- Fresh frozen plasma: ≤ -25°C
- Cryoprecipitate: ≤ -25°C

Enter details of blood component's unique identification number and expiry data into the blood bank inventory.

Refrigerate according to AS 3864-1997 at

- Red Blood Cells: 2 – 6°C
- Platelet Concentrate: 20 – 24°C
- Frozen Plasma: ≤ -25°C
- Cryoprecipitate: ≤ -25°C

Rotate stock to ensure that oldest (within date) is used first.

Return inappropriately stored and expired blood components to ARCBS.

A patient's blood type, including ABO and Rh group, should be compatible with the donor's blood type.

Attach patient's crossmatch details to blood component unit.

Component to be issued with appropriate documentation enabling verification against the recipient and blood component unit.

Two people should verify the patient's identity and blood component against the documentation before commencing a transfusion.

The two people must either be a registered medical practitioner or a registered nurse.

If blood component is not used, return to the blood bank immediately and record return in the inventory.

THE PATIENT