# Transfusion of Blood Components and Products Policy & Procedure Frequently Asked Questions

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**1. Why do we need this policy and procedure?**

Best practices in blood administration contribute to patient safety and are directed by a number of national and international standards. A new provincial policy and procedure, replacing existing policy and procedures, will allow all transfusion recipients to be treated using the most current practices and will give transfusionists a common guidance toward which training and competency can be directed.

**2. How are blood components and products defined? -**

Blood components are the therapeutic parts of donor blood which have been separated for use in transfusion. Components include red blood cells, plasma, platelets and cryoprecipitate. Blood products are made from plasma pools made up of large numbers of donors. The pools are then fractionated, purified and treated by at least one method to either destroy or remove viruses and bacteria that may be present. Examples include albumin, intravenous immune globulin, and prothrombin complex concentrates.

**3. Where is consent documented? How many units can be consented to at once? In an emergent situation or when the patient is unconscious, incoherent, or underage, we cannot obtain written consent. What do we do in these situations?**

All blood component and product transfusions require written (signed) consent. Please refer to the AHS *Consent to Treatment and Procedure(s)* policy and procedure suite on AHS InSite.

**4. How do I know if I am authorized to issue, obtain, or administer and/or monitor transfusions?**

In most cases, professionals who are members of a regulated health discipline are authorized to issue and obtain blood. A list of these individuals is available on the *Transfusion of Blood Components and Products* policy and procedures resources web page (see link at the end of this FAQ).

During daytime hours many authorized individuals are usually available to issue and obtain blood components and products with the support of a laboratory services employee. In emergent situations or after regular laboratory hours, it is important to ensure that trained individuals are always available.

The administration of blood components and products is restricted to those employees who have received clinical education and training.

**5. Intravenous access can be difficult. What is the risk associated with transfusing by use of an intravenous catheter smaller than 20 gauge?**

When transfusing blood, we are trying to minimize the risk of hemolysis of red blood cells. If a small gauge catheter must be used, infusion rate may need to be reduced in order to decrease the risk of hemolysis.

6. **I was taught to always use normal saline as the intravenous solution compatible in transfusing blood? Are there cases where another solution is used?**

Yes, in most cases saline is the most appropriate solution to co administer with blood components. However, the blood product Intravenous Immune Globulin (IVIG) is run with D5W. In order to avoid errors, read the specific monograph prior to administration. Some blood products may also be accompanied by a vial of sterile water or saline and other specific ancillary devices for reconstitution and administration. The fluid supplied with the product for reconstitution should always be used.

7. **If there is an intravenous line running with another solution or medication, for example, D5W or KCl, can the line be flushed with normal saline and then used for the blood?**

Ideally the infusion set and line should be changed after medications are run and before blood components or products are infused. In situations where this is contraindicated it may be necessary to flush and then transfuse.

8. **If the patient's transfusion has started, can the patient be sent for tests, for example, x-ray or MRI?**

It is not recommended in the first 15 minutes of the transfusion. Assessment is hourly (adults) for the remainder of the transfusion (Refer to product monographs for additional monitoring details for pediatric and neonatal patients). Clinical judgement is expected. If it is essential to the well-being of the patient that the testing take place concurrently with the transfusion, the care of monitoring must be assumed by another health care professional.

9. **What is a transfusion service identification number?**

This number is referred to differently dependent upon the blood services provider (may be referred to as RTSIS, BBIN, TMID, CCI# etc). It is a unique number assigned to the patient for the purpose of blood administration (some zones may assign TSIN's for other blood components).

10. **Our hospital has a process that allows for blood to be retrieved by an electronic system to the unit. Is this system compliant with the Policy and Procedure?**

Yes. There are various different electronic dispensing systems being developed but they are not standardized across the province.

11. **The policy states that a patient must be notified that they have received the transfusion? Is there a standard process that guides how this is done?**

No. Currently, it has been recognized that this is done differently among the zones. Some zones have a 'tear-away' card that is provided to the patient upon discharge. Some zones are mailing out a letter. This process has not been standardized at this time.

**12. What documentation regarding the transfusion needs to be recorded?**

The format and document used to record transfusion information varies between zones. The information recorded however, includes the blood component or product transfused (including the volume if only partially transfused), the start and end time of the transfusion, who performed the transfusion and the patient information. If there has been a transfusion reaction during the transfusion, document the signs and symptoms and notify the transfusion service/laboratory and MRHP immediately. Some sites require this information be sent back to the Transfusion Service/laboratory. Become familiar with the practice in your hospital.

**13. Our care setting does not currently permit transfusions due to concerns about staffing and competency. Are we now expected to provide this service?**

No. Transfusions do not occur in every patient care setting. The intent of the development of the Level 2 policy and procedure for blood components and products was to establish standardized provincial processes for areas that are currently delivering the care.

**14. Who is responsible for implementing the provincial Transfusion of Blood Components and Products policy and procedures?**

Many resources have been developed provincially to aid in the implementation of the new policy and procedures. These resources may be used "as is", or modified to aid in implementation. Local CNE's or designates will be responsible for implementing the policy and procedures for nursing, with the support of the provincial and zone transfusion safety lead/coordinators.

**15. Where can I find more information?**

For more information, please visit the resources web page at: http://www.albertahealthservices.ca/10380.asp

The policy and procedure will be found on the AHS policy web page on InSite *once approved.*

**16. Who do I contact if I have any additional questions?**

Please contact the AHS Transfusion Safety Team at: AHS.TransfusionSafetyTeam@albertahealthservices.ca