

**SUNY DOWNSTATE MEDICAL CENTER**  
**UNIVERSITY HOSPITAL OF BROOKLYN**  
**POLICY AND PROCEDURE**

No: BLB-2

Subject: BLOOD TRANSFUSION

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Prepared by: Irena Swiderski

Original Issue date: 8/92

Reviewed by: Elizabeth Gloster, M.D.

Supersedes Date: 6/98

Peter J. Howanitz, M.D.

Approval Date: 8/01

Maria Mendez

Alix Laguerre

Approved by: Jeanette Marrero, M.S., RN

Distribution: ☒ **Administrative Manual**

☒ **Department Manual**

☒ **Patient Care Manual**

☐ **AOD Manual**

Julius Berger, DDS

John Fallon, M.D.

Issued by: **Regulatory Affairs**

**I. Purpose:**

To obtain and administer blood products for transfusions.

**II. Definition(s):**

Blood transfusion is the infusion of any blood component.

Messenger includes any designated person such as messenger service, a doctor, nurse, physician's assistant, medical student, clerk, volunteer, etc.

**III. Policy:**

Blood components are provided through the blood bank upon the completion of the "Request For Blood Components" form # BB-50-5 and administered.

**IV. Responsibilities (Include all departments/services involved in development/implementation and/or monitoring):**

Nursing, Blood Bank, Medicine, Surgery, House Staff, Pathology, Pediatric Neonatal, Ambulatory Oncology, Pediatric Hematology/Oncology, Dialysis, Emergency Department, Messenger Services.

**V. Procedures/Guidelines:**

**To Obtain and Administer Blood Products For Transfusion:**

The intended recipient and the label for blood sample(s) shall be identified positively at the time of collection. Do not ask the patient: are you... The sample should be compared to match the patient identification bracelet or (for out-patients) other printed identification, with regard to patient name and hospital number or other numeric identifier(s).

Blood samples shall be submitted in stoppered tubes, each identified with a firmly attached label bearing at least the recipient's first and last names, identification number, the date of sample collection, and the phlebotomist's initials.

The completed label shall be attached to the tube before leaving the side of the recipient.

1. Obtain a 10mL test tube of clotted blood bearing the patient's label, signed and dated by the person drawing the blood. The test tube must be pre-labeled with the patient's computer label or a legible handwritten label. **Note:** For exchange transfusion for newborn infants, samples from the infant and mother are sent to the blood bank.

2. Fill in (orange requisition) **REQUEST FOR BLOOD COMPONENTS**, #BB-50-0 completely (signed by phlebotomy person and the requesting physician). All information requested is relevant. See Exhibit #1.

3. The messenger\* will take the sample, requisition and computer slip with the accurate and appropriate information to the blood bank. **THE BLOOD BANK WILL NOT PERFORM TESTS WHEN TUBES AND/OR REQUISITIONS ARE NOT PROPERLY LABELED/DOCUMENTED/SIGNED. IMPROPERLY LABELED/DOCUMENTED/SIGNED SPECIMENS AND/OR REQUISITIONS WILL BE DISCARDED** and the process must start all over.

Clinical diagnosis and indicators for transfusion must be entered. Information on requisition and specimen must match.

4. In emergency situations, when blood is ready, the blood bank will call the OR, Emergency Department, or the nursing unit and the messenger will pick up the blood. The messenger must bring the completed **REQUEST FOR BLOOD RELEASE** card. See Exhibit # 2.

5. Administration of blood must be performed only by a person authorized to do so by New York State Law. Authorized categories of personnel include: Licensed Physician, Registered Nurse, Physician's Assistant or Nurse Practitioner, and board-certified Perfusionist. Unlicensed physician house staff are considered to be functioning under the orders/supervision of licensed attending physicians. **MEDICAL STUDENTS ARE NOT AUTHORIZED TO ADMINISTER BLOOD UNDER NEW YORK STATE LAW.** Two authorized persons must perform the pretransfusion checks: the person administering the transfusion and one additional person other than the recipient. Check the following:

a. The patient's name and medical record number on the **CROSSMATCH/TRANSFUSION FORM** matches the information on the patient's wristband. See Exhibit #3.

b. The printed number identifying the blood (on the blood bag ) must match the handwritten number on the **CROSSMATCH/TRANSFUSION FORM.**

c. Other items as listed in the How To Administer A Blood Transfusion in the Standards (Nursing) Procedure Section and Nursing Station Manuals.

6. If the person is competent, ask him/her to state his/her name to confirm identification. Do not ask the patient if he/she is Mr. or Ms. ...

With any discrepancy in the above information, **DO NOT ADMINISTER THE BLOOD** and immediately call the blood bank!

7. Before administering blood components/derivatives, it is the responsibility of the transfusing physician to discuss with the prospective transfusion recipient (or his/her surrogate) the indications for, alternatives to, risks and benefits of transfusion. The possibilities of unknown risks and of fatal complications should be mentioned. Blood bank may be consulted for current statistics on known risks. The physician should document this discussion and the patients understanding of **BY COMPLETING THE DOCUMENTATION OF PATIENT NOTIFICATION BY THE TRANSFUSING PHYSICIAN REGARDING TRANSFUSION OF BLOOD COMPONENTS/PRODUCTS # UH 182-99** (Exhibit # 7A, side I). Alternatively a chart note signed by the physician may serve as documentation of the physician-patient conversation regarding transfusion.

8. A patient must refuse or consent to a blood transfusion. The patient consent or refusal to permit transfusion of blood components form #UH 182-99, (Exhibit # 7B, side II) must be completed, signed by the patient or surrogate, and placed in the patient chart. **A CHART NOTE SHOULD NOT BE USED AS DOCUMENTATION OF PATIENT CONSENT/REFUSAL FOR TRANSFUSION.**

For a detailed discussion of the actual procedures for documentation see BLB-2A.

9. No additives of any kind, except for normal saline, may be combined with blood component/derivatives.

10. All blood components must be transfused through filters capable of retaining particles and/or cells potentially harmful to the recipient. The standard filter is 170  $\mu\text{m}$  pore filter.

For blood derivatives, the package insert *must* be followed with the regard to filtration and other aspects of administration.

For salvage (recovered) red cells a 40  $\mu\text{m}$  pore filter must be used.

For other selected situations Blood Bank may recommend a specialized filter.

11. Elective transfusions should be restricted to 8:00 am – 7:00 pm inclusive, when staffing is optimal. Prior to obtaining blood products, nursing staff should be informed about the intent to transfuse, so they can coordinate the transfusion process efficiently.

12. For outpatient transfusion, the **INSTRUCTION FOR OUTPATIENT TRANSFUSION RECIPIENTS** form (Exhibit #8) should be administered by the person(s) discontinuing the transfusion.

13. For a detailed discussion of the actual transfusion procedure, consult and follow the **HOW TO ADMINISTER A BLOOD TRANSFUSION PROCEDURE** in the Standards (Nursing) Procedure Section and Nursing Station Manual.

#### VI. Reasons for Revision:

- ☐ Changes in regulatory or statutory laws or standards
- ☐ System failures/ changes
- ☒ Institutional/operational changes

**VII. Attachments:**  
Exhibits 2-8

**VIII. References:**  
NYSDOH Standard September 2000, NYSDOH Regulations March 2000, AABB Standards 2000

Date Reviewed	Revision Required (Check One)		Responsible Staff Name and Title
6/01	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Irena Swiderski, Supervisor Blood Bank
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	