

# Transfusion Prescription

<p>Affix patient addressograph here or complete below:</p> <p>Surname: .....</p> <p>First Name(s): .....</p> <p>NHS/Hosp U No: .....</p> <p>DOB .....</p>	<p>DATE: .....</p> <p>Ward/Dept. .....</p> <p>Consultant .....</p>	<p><b>1. Indication for Transfusion</b> - use indication code (appendix 17 of policy)  <b>Red cell</b> - In the absence of active bleeding, <b>consider single unit transfusions</b> to achieve a target Hb and review after each unit. Assume an increment of 10g/L per unit for an average 70 kg adult.</p> <p>Pre Tx Hb .....g/L    NBT Indication code .....    Date .....</p> <p>Pre Tx Platelet .....10<sup>9</sup>/L    NBT Indication code .....    Date .....</p> <p>Special requirements – CMV/irradiated/None .....</p> <p><b>Clinical details:</b> .....</p>			
<p><b>2. Risk Assessment: Transfusion Associated Circulatory Overload (TACO)</b>  <b>For non-bleeding patients - where indicated please highlight risk below &amp; sign</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <ul style="list-style-type: none"> <li>Diagnosis of ‘heart failure’ congestive cardiac failure (CCF), severe aortic stenosis, or moderate to severe left ventricular dysfunction?</li> <li>On a regular diuretic?</li> <li>Pulmonary oedema?                             <ul style="list-style-type: none"> <li>Respiratory symptoms of undiagnosed cause?</li> </ul> </li> <li>Fluid balance clinically significantly positive?</li> <li>On concomitant fluids?</li> <li>Peripheral oedema?</li> <li>Hypalbuminaemia?</li> <li>Significant renal impairment?</li> </ul> </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> </td> <td style="width: 40%;"> <ul style="list-style-type: none"> <li>Single unit transfusion where possible</li> <li>Consider appropriate rate and volume transfused</li> <li>Consider diuretic cover</li> <li>Assess for signs of overload during transfusion</li> <li>Monitor fluid balance</li> <li>Reassess symptoms/Hb after each unit</li> </ul> </td> </tr> </table> <p>Risk assessed Yes/NA    Signature.....    Date .....</p>		<ul style="list-style-type: none"> <li>Diagnosis of ‘heart failure’ congestive cardiac failure (CCF), severe aortic stenosis, or moderate to severe left ventricular dysfunction?</li> <li>On a regular diuretic?</li> <li>Pulmonary oedema?                             <ul style="list-style-type: none"> <li>Respiratory symptoms of undiagnosed cause?</li> </ul> </li> <li>Fluid balance clinically significantly positive?</li> <li>On concomitant fluids?</li> <li>Peripheral oedema?</li> <li>Hypalbuminaemia?</li> <li>Significant renal impairment?</li> </ul>		<ul style="list-style-type: none"> <li>Single unit transfusion where possible</li> <li>Consider appropriate rate and volume transfused</li> <li>Consider diuretic cover</li> <li>Assess for signs of overload during transfusion</li> <li>Monitor fluid balance</li> <li>Reassess symptoms/Hb after each unit</li> </ul>	<p><b>3. Consent to Transfusion</b> - to be obtained by prescribing professional (<i>see Appendix 22 of Transfusion Policy</i>)</p> <p><b>Delete as necessary;</b></p> <ul style="list-style-type: none"> <li>Patient/Parent/Guardian has had risks, benefits and alternatives explained. The leaflet “Will I need a Blood Transfusion” has been provided, and consent to blood transfusion have been given</li> <li>Patient has consented to multi-transfusion for long term treatment and all relevant information/ leaflets, as above, have been given previously.</li> <li>The patient lacks capacity, consent for transfusion has <u>NOT</u> been obtained. NB - If capacity is regained, provide leaflet “Information for patients who have received an unexpected blood transfusion”</li> </ul> <p>Date.....    Signature.....</p> <p>Print name.....    Designation .....</p>
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**4. Transfusion Checklist:** - Trust Policy advocates **ONE REGISTERED PROFESSIONAL CHECK** – Manual check /Electronic checks using iPod (please initial when completed)

Complete checklist for each unit transfused to ensure compliance with Trust and National Policy	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6
1. Ward receipt blood unit within 30 minutes removal from fridge - use iPod						
2. Check prescription for special requirements and whether diuretic cover is required						
3. Check blood ABO compatibility and expiry date (contact blood bank if unsure)						
4. Name/DoB given by patient matches wristband, and wristband EXACTLY matches blood product label						
5. Use iPod to scan wristband and blood product label to confirm positive patient ID match.						
6. Pre-transfusion – record baseline observations (up to 60 minutes prior to start)						
7. Record start time of transfusion						
8. <u>15 minutes</u> after blood product starts - record observations, observe for signs of acute reaction.						
9. End of every unit – record observations, document time transfusion ended – ensure unit is fated						

**Transfusion Prescription:** - Red Cells (inc salvaged red cells), Plasma (FFP or Cryoprecipitate) & Platelets. Use ONE form per transfusion episode

**PLEASE NOTE: DRUGS TO SUPPORT TRANSFUSION & ANY OTHER FLUIDS MUST BE PRESCRIBED ON STANDARD PRESCRIPTION CHART**

Date/Time	Product	Volume	Rate	Prescriber Signature/Name/Bleep	Unit number/Batch Sticker	Checked by Name/signature	Start time	End time

**100% TRACEABILITY IS A LEGAL REQUIREMENT - ALL BLOOD PRODUCTS GIVEN/WASTED MUST BE FATED IN 'BLOOD360™'**