

## Inpatient Clinical: Blood Product Transfusion

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# Ordering Blood

## Order blood products



Providers should manage their own orders. If you need to enter verbal or telephone orders for blood products, follow the steps in this section.

### Order blood transfusions

When ordering blood, you must select both a prepare order for the blood bank. Order Sets and Quick Lists include this order and other transfusion-related labs and medications

1. To find blood Order Sets, enter "blood" as a search term. If you're working with a pediatric patient, enter "ped blood" to narrow your search.
2. In the Transfusion Orders section, select a blood product and then fill out the details for both:
  - A prepare order for the blood bank, and
  - A transfuse order for the nurse
3. Select any other transfusion-related orders and sign the Order Set.



Pediatric blood transfusions are ordered in milliliters or aliquots, not units. For pediatric patients, you must specify the volume of blood to transfuse in both the Prepare order and the Transfuse order.

### Order a massive blood transfusion

Massive transfusion protocols are single orders, not Order Sets.

1. In the **Place new orders or Order Sets** field of the sidebar, search for "mtp".
2. Click the Massive Transfusion Protocol order to review the order details.
3. In the comments, add any special instructions for the nurse and sign the order.

# Inpatient Blood Administration

## Blood Readiness Notification

### Blood Bank Technologist Documentation:

1. The Blood Product type that is **ready for pick up** will be documented by the Blood Bank Technician

### Inpatient Nurse Notification:

1. A **notification Task** will appear in the Brain and Brain Sidebar notifying RN that the specific blood product is ready for pick up.

- Click on the **Popup Report Viewer** hyperlink in the task to review details or comments from the Blood Bank on this Blood Product.

- Nurses are **not** to complete this task on the Brain. Once **all** blood products are picked up from the Blood Bank, the **blood bank tech** will mark the flowsheet accordingly which will then remove the task from the Brain as well as the Banner from all blood reports.
2. **Blood Ready for Pickup Banner** will display in the Nursing Overview Report as well as all blood administration reports.
    - Click the Banner to review any details or comments from Blood Bank related to this product.

The screenshot shows the Epic Summary page for a patient. The 'Blood Products/Rho(D) Ready for Pickup' banner is visible. Below it, the 'Signed and Held orders exist on THIS encounter' message is shown. The 'Orders to be Acknowledged' section lists new orders, including 'CBC and differential' and 'Inpatient consult to Dietary'. The 'Blood Products Ready for Pickup' table shows the following data:

Flowsheet Row	Most Recent Value
Blood Ready for Pickup?	
Red Blood Cells	RBC unit(s)/alliquot(s) ready for pickup [2 of 4 units are ready] Filed at 02/09/2023 0810
Plasma	—
Platelets	—
Cryoprecipitate	—
Granulocytes	—
Rh(D) Immune Globulin	—

3. Based on the documentation by the Blood Bank Tech, Additional **flowsheet rows** will auto populate in the **Blood Administration Flowsheet** indicating which product is ready for pickup

The screenshot shows the Epic Flowsheets page for the 'Blood' flowsheet. The 'Blood Ready for Pickup?' section is highlighted, showing the following data:

Flowsheet Row	Most Recent Value
Blood Ready for Pickup?	
Red Blood Cells	RBC unit(s)/alliquot(s) ready for pickup
Plasma	Plasma unit(s)/...
Platelets	Platelet unit(s)/...
Rho(D) Immune Globulin	

4. Once **All blood products** are picked up, Only the blood bank technician will be able to **mark** the flowsheet accordingly and all banners will be removed, and the brain task will be marked completed

The screenshot shows the Epic Flowsheets page for the 'Blood' flowsheet. The 'Blood Ready for Pickup?' section is highlighted, showing the following data:

Flowsheet Row	Most Recent Value
Blood Ready for Pickup?	
Red Blood Cells	All unit(s)/alliquot(s) picked up
Rho(D) Immune Globulin	

## Prepare to transfuse blood

1. In Flowsheets, open the **Blood** flowsheet.

- Usually, this tab appears automatically when a patient has a blood order. If the tab doesn't appear automatically:
- Make sure the order is active. If the order is signed and held, you must release the order before it becomes active.
- Use the search field to find the blood flowsheet.

2. Confirm that blood is available for pick up as noted in Blood Notification Section above.
3. **Document vital signs** within 30 Minutes Prior to releasing and printing the blood release form and picking up the blood

**IMPORTANT TO NOTE:** Blood Bank **will not release** the blood without the vital signs displaying in the Request form. Make sure the vitals are listed on the request form before taking the form to the blood bank.

- If you printed pick up slip prior to documenting vitals you will see this message below in red on the requisition slip:

Transfusion duration per unit/aliquot  
(hrs): 1

**Blood will not be released if complete recent VS are not in Hyperspace (BP, Temp, Pulse, RR), with the exception of emergency release blood products**

No data found.

**Not Used by SOM, JCMC, or NBR**

Blood Bank Use Only (if applicable)

Unit Number: Issued To:

- Simply return to flowsheets, add vital sign documentation, and return to transfusion report and reprint the requisition form
4. **Complete the Pre-Transfusion Documentation** rows
  5. When you're ready to release the blood products, click **Transfusion Release Report** above the table of contents.

**Flowsheets**

File Add Rows LDA Avatar Add Col Insert Col Data Validate Hide Device Data Last Filed Reg Doc Graph Go to Date Respo

Vitals Basic Assessment I/O Daily Cares/Safety Screenings **Blood** Adult/OB Intervention... C-SSRS (Short Version)

Search (Alt+Comma) ☐ Accordion ☐ Expanded ☒ View All 1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Interval Start: 0700 Reset Now

**Transfusion Report**

Begin Blood Transfusion

Transfuse RBC: 2 Units  
(0 of 2 released)

Hide All Show All

**Vitals**

BP	120/72	118/65	108/68
Temp	38.2 (100.8)	38.4 (101.1)	37.6 (99.6)
Temp Source	Oral	Oral	Tympanic
Heart Rate	110	120	80
Resp	20	18	15

**Pre-Transfusion Documentation**

Previous Transfusion?			
Authorization Verified?			
Pre-Meds Given?			

6. In the Transfusion Release Report, click the **Release** link. A blood release form (pick up slip) prints for the first unit of blood and flowsheet rows appear for you to document transfusing that unit.

**Transfusion Report**

Links

1: Policies & Procedures 2: Intranet Page RWJ Somerset

**Consents**

No documents found

Release 1 instance of the order for each aliquot or unit that has been dispensed

**Blood Product Orders**  
(From admission, onward)

Ordered

09/03/21 0634 > Prepare RBC: 2 Units Blood - Once Start 09/03/21 0634  
"And" Linked Group Details

**Completed Blood Product Orders**  
(12h ago, onward)

None

**General Blood Transfusion Orders**  
(From admission, onward)

Expand | Hide

**Transfusions to release**

Ordered

09/03/21 0634 > Transfuse RBC: 2 Units Transfusion (0 of 2 released) Start  
"And" Linked Group Details Unscheduled

**Transfusion Orders to Complete**  
(From admission, onward)

None

**Blood Product Status Tracking**

Product	Pending	Issued	Verified	Transfusing
---------	---------	--------	----------	-------------

Close

## Reprint Blood Pickup Slip

The reprint hyperlink will appear for selection on single unit of blood orders.

If multiple units of blood are order, and the pickup slip did not print or there was a printer error:

1. Open chart to the **Blood Flowsheet template**
2. Click the **Transfusion Report Button**
3. Select the arrow next to the **General Blood Transfusion Order** to find the unit with the correct date and time of the unit released
4. Click **Reprint** hyperlink

**Transfusion Report**

Links  
1: Policies & Procedures 2: Intranet Page RWJ Somerset

Consents  
No documents found  
Release 1 instance of the order for each aliquot or unit that has been dispensed

**Blood Product Orders** Exj  
(From admission, onward)

Ordered

09/03/21 0634 > **Prepare RBC: 2 Units** Blood - Once 09/  
"And" Linked Group Details

**Completed Blood Product Orders**  
(12h ago, onward)

None

**General Blood Transfusion Orders** Coll  
(From admission, onward)

**Transfusions already released**

Ordered

09/03/21 0634 ▾ **Transfuse RBC: 2 Units** Transfusion (2 of 2 released) 09/

Released Time	Blood Unit Number	Status
09/03/21 1317	Not assigned	Ordered
09/03/21 1319	Not assigned	Ordered

Question: Has consent been obtained? Answer: Yes

Start	Status
09/03/21 1317	Sent

**Reprint Details**

## Start a blood transfusion

The Blood Product Administration Module is not intended to serve as a substitute for a clinician's professional judgment and decision making, and you should not delay a needed blood transfusion because of documentation or software workflow issues.

1. Open to the Blood Flowsheet template
2. Click **Begin Blood Transfusion** above the table of contents.

**Flowsheets**

File Add Rows LDA Avatar Add Col Insert Col Data Validate Hide Device Data Last Filed Reg Doc Graph Go to Date Respon

Vitals Basic Assessment I/O Daily Cares/Safety Screenings **Blood** Adult/OB Intervention... C-SSRS (Short Version)

Search (Alt+Comma)

Transfusion Report

**Begin Blood Transfusion**

Transfuse RBC: 2 Units  
(0 of 2 released)

Hide All Show All

Vitals ☒

Pre-Transfusion Docume... ☒

\$ Blood Admin Completion ☒

Oxygen Therapy ☒

Respiratory Assessment ☒

ED to Hosp-Admission (Current) from 9/2/2021 in SOM 2W PAV CARDIAC with Sam S...

	9/2/21	9/3/21
1324	1330	1410
		1600

**Vitals**

	120/72	118/65	108/68
BP			
Temp	38.2 (100.8)	38.4 (101.1)	37.6 (99.6)
Temp Source	Oral	Oral	Tympanic
Heart Rate	110	120	80
Resp	20	18	15

**Pre-Transfusion Documentation**

Previous Transfusion?			
Informed Consent Obtained			
Pre-Meds Given?			

- a. If and when the next units of blood are needed, follow steps 1-2 to release them.



Because pediatric patients receive blood in aliquots or mL instead of entire units, the blood bank sometimes dispenses blood from multiple units to meet the requirement. For example, when 60 mL of blood are ordered, 30 mL of the blood might come from one unit, while 30 mL comes from another unit. You must document each unit separately, even though they are all part of the same transfusion.

If dispenses blood in a unit larger than the ordered volume, determine whether to include the following information instead of or in addition to the above information: The blood bank sometimes dispenses a larger volume of blood than what was ordered, such as a 60 mL unit when 30 mL of blood are ordered (more likely for pediatric patients). Consult the ordered volume to determine the volume to document and administer.

3. In the Blood Product Administration Module, begin with scanning the patient's wristband when prompted.
4. Begin scanning the blood product barcodes:
  - a. If using a workstation on wheels you will follow the on-screen prompts to scan the barcodes on the blood product in order. After you scan a barcode, the value appears in the corresponding field(s).



Make sure **CAPS LOCK is NOT ON** when scanning the blood barcodes



Ready!

Unit number:  
C0003 06 001458 N

Product code:  
E0461V00

Expiration:  
10/14/16

Patient blood type:  
A +

**A**  
Rh Positive

b. If using the Rover handheld device, you can scan all barcodes on the blood product bag at one time



[Click here](#) to review the **Scanning Blood Products using Rover Device vs Workstation on Wheels**



**As of 3/12/24,**

When initiating a single blood transfusion, the **VOLUME INFUSED** row *will no longer appear* in the blood administration window.

However, when more than 1 unit is ordered and released, the subsequent administration windows will have a **Volume Infused** row. Do NOT document a volume until a blood transfusion is complete. Any volume entered in this field will be added to the total blood transfused (intake).

**Associated Flowsheet Rows**

Time taken: 12/14/2023 1111 Responsible Restore ☐ Show Details

If no new assessment is needed, check the box to link flowsheet rows to the previous assessment. ☐ Use All Previous Values

**Transfuse leukoreduced RBC**

Volume Infused (mL)

**Vitals**

BP	<input type="text"/>				
Temp	<input type="text"/>				
Heart Rate	<input type="text"/>				
Resp	<input type="text"/>				

- Enter the most recent set of vital signs, verify the information on the Administration window and click **Accept**

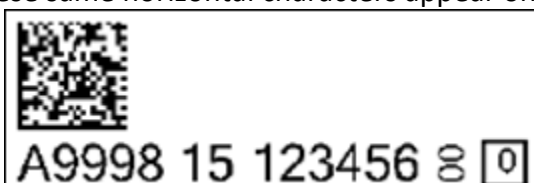
## Document administering blood without a barcode scanner

If you can't scan the blood product and determine that the blood product should still be administered:

1. In the Blood Product Administration Module, enter the numbers below each barcode into the appropriate fields. Note that barcodes are case sensitive.
  - If you are using ISBT-128-labeled blood products, enter only the horizontal characters for the unit number. If your organization requires it, also enter the Check Character (the character that appears in a box).



- These same horizontal characters appear on labels with ISBT-128 compound barcodes.



2. Select an override reason (such as Barcode Unreadable) in the **Reason for not scanning** field and click **Accept**.

**If a warning appears informing you that the unit you scanned is linked to another patient:**

- **If the warning only mentions a unit number**, make sure that the blood product is intended for this patient and then click **Dismiss** to bypass the warning. This warning usually means that there are two blood products with the same unit number and that one of them has already been given, but the user who documented the first unit didn't scan the product code.
- **If the warning says that both the unit number and product number are linked to another patient**, call the blood bank and **<follow any other protocols>** to make sure that the blood product is correct for the patient.

### IMPORTANT TO NOTE:

Downtime procedures can be used when needed if blood product administration workflow scanning process is not successful. **CRITICAL NOTE:** Be mindful of policy for blood timing when picked up to timing to be returned to blood bank prior to expiration to avoid blood wastage.

## Complete blood administration documentation

1. When the Dual Sign-Off window opens, ask another nurse to review the administration information and complete dual signoff. After the other nurse signs off, the unit number and rate appear in the Event Log.

2. Document the 15-minute vital signs in flowsheets
  - a. Click **Add Col or Insert Col** for a time column **exactly 15 minutes after starting blood**
  - b. Document vitals

document vitals on time column exactly 15 minutes after starting the transfusion

	7/6/2022	7/7/2022
BP	120/72	118/65
Temp	38.2 (100.8)	38.4 (101.1)
Temp Source	Oral	Oral
Heart Rate	110	120
Resp	20	18

**Transfuse leukoreduced RBC - Peripheral IV 7/6/2022 Left For**

Status: Transfusing -- Unit: C1234 07 123456 P-E0472V00

Action: New Bag

Rate: 100

Volume (mL):

Blood Admin Supplies:

Suspected Reaction?

3. Document other assessments as needed throughout the transfusion.

## Stopping a blood transfusion

When the blood is finished transfusing, document stopping the transfusion and complete the flowsheet rows.

- Each unit of blood released and transfused has its own group in the blood flowsheet.
- When the transfusion is finished, document stopping the blood transfusion, confirm total volume of the product and complete the row to reduce clutter in the flowsheet.

**IMPORTANT:** Vital signs must be reassessed and documented 6 minutes after blood transfusion has stopped.

ily Cares/Safety Screenings **Blood** Adult/OB Intervention... IV Assessment C-SS

☐ Accordion ☐ Expanded ☒ View All

ED to Hosp-Admi

0535 0539 0946

**Transfuse leukoreduced RBC**

Unit: W1654 21 001059 S-E0424V00

Action			
Rate			
Volume (mL)			
Blood Admin Supplies			
Suspected Reaction?			

**Transfuse leukoreduced RBC**

Unit: W1654 21 001062 1-E0424V00

1. Click **Add Col or Insert Col** to create a column for the time transfusion finished
2. Locate the Rate row, enter "0" to indicate that the transfusion is stopped. This will open the Blood Product Administration window. (Documenting a rate of "0" is the same as documenting an Action of "Stopped").
3. Click on Calculator in the volume row to verify/edit **total volume** intake of the blood product that was infused. Refer to the blood product bag to confirm the bag volume.

Action	Date	Time	Comment
Stopped	06/16/2023	1145	
Route	Site		
intravenous			
Rate			
0 mL/hr			
Last Rate: 100 mL/hr (06/16/23 1000)			

4. Document any required fields on the form.
  - a. Vitals must be assessed and documented when the transfusion is stopped (considered compliant if time column is within **6 minutes of transfusion stop time**)
    - Note the new brain task for post transfusion vitals created to assist with compliance (8/23).

#### **IMPORTANT NOTE:**

- If the complete blood product has infused- **Refer back to the blood product bag to confirm the total volume marked on bag equals the total volume infused for this product.**
- If the blood product was stopped **prior** to completion due to a suspected reaction, calculate the total amount infused by clicking on the **Volume Calculator** in the volume infused section to review total and file that volume.

Action: Stopped

Route: intravenous

Rate: 0 mL/hr

Associated Flowsheet Rows

Transfuse leukoreduced RBC

Volume (mL)

Vitals

BP

Temp

Heart Rate

Resp

\$ Blood Admin Completion

\$ Administration Complete

Unit complete

Complete all required fields Go to Next Accept & Complete Accept Cancel

5. If the transfusion completed without any suspected reactions, Click **Accept & Complete**

\$ Blood Admin Completion

\$ Administration Complete

Unit complete

Number of administrations being documented: 1

Complete the transfusion? Accept & Complete Accept Cancel

6. If there is a suspected reaction, Click **Accept** and return to the flowsheet to document the reaction as appropriate.

\$ Blood Admin Completion

\$ Administration Complete

Unit complete

Number of administrations being documented: 1

Complete the transfusion? Accept & Complete Accept Cancel

7. Complete documentation of the suspected reaction in the cascading rows and follow Blood Transfusion Reaction protocol.

Transfuse leukoreduced RBC

Status: Ordered -- Start: 08/11/21 1624

Blood Admin Supplies

Suspected Reaction? Yes

Suspected Transfusion Reaction

Blood Bank Notified?

Physician Notified?

Reaction Symptoms

Reaction Interventions

\$ Blood Admin Completion

\$ Administration Complete

8. After documenting the suspected reaction, complete the Blood product flowsheet group for that unit by Right-Clicking on the blue hyperlink and select Complete Transfusion.

### IMPORTANT TO NOTE:

- Once the group is marked completed it will no longer be visible on the flowsheet.
- To view completed flowsheet groups, unselect the Hide Comp'd checkbox in flowsheet toolbar

- To reactivate the completed flowsheet group to edit or add documentation, right click and select Reactivate the Transfusion group

9. Check if vital signs documented is within **6 minutes** after the transfusion has been stopped, this is required. Otherwise, add or insert a column and document a set of VS within 6 minutes of the stop time.

Vital signs within 6 minutes after stopping transfusion

	1324	1330	0804	0845	0900	0948	0954
BP	120/72	118/65	110/70	110/70	110/70	110/70	110/70
Temp	38.2 (100.8)	38.4 (101.1)	37.1 (98.8)	37.1 (98.8)	37.1 (98.8)	37.1 (98.8)	37.1 (98.8)
Temp Source	Oral	Oral	Oral	Oral	Oral	Oral	Oral
Heart Rate	110	120	78	78	78	78	78
Resp	20	18	18	18	18	18	18

**Pre-Transfusion Documentation**

Previous Transfusion? ☐

Authorization Verified? ☐

Pre-Meds Given? ☐

**Transfuse leukoreduced RBC - Peripheral IV 7/6/2022 Left For**

Status: Stopped -- Unit: C1234 07 123456 P-E0472V00

Action: New Bag 100

Rate: 100

Volume (mL): 105

Blood Admin Supplies: ☐

Suspected Reaction? ☐

**Blood Admin Completion**

Administration Complete ☐ Unit complete ☐

10. If you transfused only some of the ordered blood products and don't need the remaining units, ask the physician to discontinue the original Transfuse order so that the remaining units can no longer be released.

## Complete the Blood Transfusion Order Tasks

- When the provider places an order for a blood transfusion, two additional tasks are generated in the Brain / Brain sidebar for the nurse to complete.
  - Blood Transfusion Order To-Do tasks in the Brain (Fig. 1) and Brain sidebar (Fig. 2).

**Brain**

Shift: Today 0700 - 1900 | Show: My Discipline | All Disciplines

Task Reminder Quick Vitals Call Family

Prior 2/7/22 0600

Personal Tasks

Aneri, Giuseppe  
60 y.o. / M  
CSN: 301241  
Code: FULL

IPCD

Orders

PRN

12

Attending: Wait Whitecoat, MD

Primary Problem: Hypertension (Additional H...)

Allergies: No Known Allergies

Infection: ☐

Isolation: ☐

Notifications: ☐

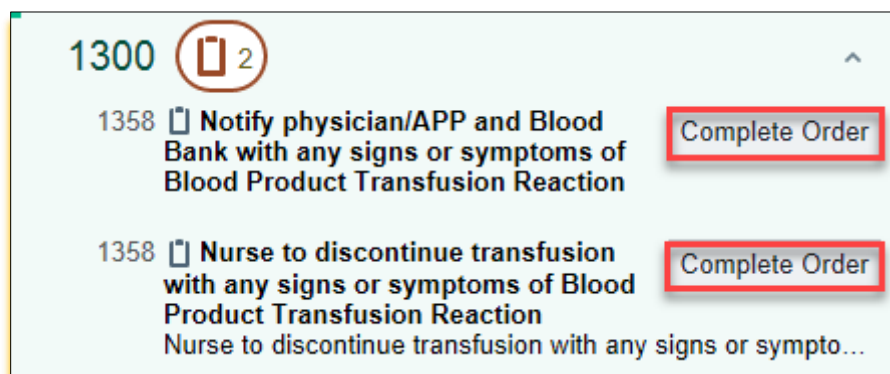
**To Do's**

1358 ☐ Notify physician/APP and Blood Bank with any signs or symptoms of Blood Product Transfusion Reaction **Complete Order**

1358 ☐ Nurse to discontinue transfusion with any signs or symptoms of Blood Product Transfusion Reaction **Complete Order**

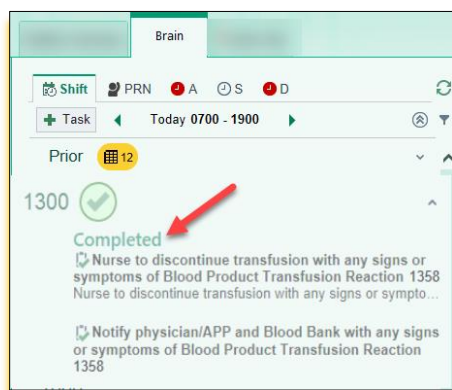
Nurse to discontinue transfusion with any signs or symptoms of Blood Product Trans...

(Fig. 1)



(Fig. 2)

- After all units of blood products within the transfusion order has been completed (transfused), the Nurse clicks the **Complete Order button** indicating that the order has been fulfilled. The tasks will reflect a green checkmark/completed in that time row.
- These orders are only relevant for the blood transfusion and MUST be completed once the transfusion is finished. The orders will then drop off the active orders.



**NOTE:** Whether the patient had a suspected reaction or not, these To-Do tasks must be completed

## Document a massive transfusion

For more [Click Here](#) to review the Mass Blood Transfusion Tipsheet

1. Acknowledge the massive transfusion order.
2. Call the blood bank to request the blood. The blood bank prepares the blood and releases the blood orders as needed.
3. When you receive the blood, administer the blood and complete dual signoff for the administration on paper.
4. When the transfusion is complete, document the massive transfusion in Flowsheets:
  - a. **Insert a column** for the time when the massive transfusion occurred.
  - b. Document the patient's vitals and any pre-transfusion documentation.



- c. In the Massive Transfusion Protocol rows, document the **total volume** products transfused.

of blood

## Document a reaction to blood transfusion

### Document a transfusion reaction

1. Open the **Blood** flowsheet group.
2. Add or insert a column at the time when the reaction was noted.
3. Enter Yes in the **Suspected Reaction?** row.
  - Note the row information related to the Nursing procedure for management of suspected reaction to reference

**Flowsheets**

File Edit Add Rows LDA Avatar Data Validate Hide Device Data Infusion Verify Last Filed Reg Doc Graph Og to Date Responsible Refresh Chart Correction

Vitals Basic Assessment I/O Daily Cares/Safety Screenings Blood Adult/OB Intervention C-SSRS (Short Version)

Search (Alt+Comma)

Transfusion Report

Begin Blood Transfusion

Transfuse RBC: 2 Units (1 of 2 released)

Hide All Show All

Vitals

Pre-Transfusion Document

Transfuse leukoreduced

Status: Transfusing - Unit: C

\$ Blood Admin Completion

Oxygen Therapy

Respiratory Assessment

1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Interval Start 0700 Reset Now

ED to Hosp-Admission (Current) from 9/2/2021 in SOM 2W PAV CARDIAC with Sam Stethoscope...

9/2/21 9/3/21

1324 1330 1410 1611

Vitals

BP	120/72	118/65	108/68	120/66
Temp	38.2 (100.8)	38.4 (101.1)	37.6 (99.6)	37 (98.6)
Temp Source	Oral	Oral	Tympanic	
Heart Rate	110	120	80	88
Resp	20	18	15	20

Pre-Transfusion Documentation

Previous Transfusion?		No
Authorization Verified?		No
Pre-Meds Given?		No

Transfuse leukoreduced RBC - Peripheral IV 9/2/2021 Left Forearm

Status: Transfusing - Unit: C1234 07 123456 P-E0472V00

Action		New Bag
Rate		100
Volume (mL)		
Blood Admin Supplies		
\$ Suspected Reaction?		
\$ Blood Admin Completion		
\$ Administration Complete		
Oxygen Therapy		
SpO2	98	96
Pulse Oximetry Type		
Patient Activity		
SpO2: Pre-Ductal (Right Hand)		
SpO2: Post-Ductal (Left Hand)		
Oxygen Therapy	None (Room air)	

9/3/21 1611

**Suspected Reaction?**

Select single option (FS)

Yes

No

Comments (Alt+M)

**Row Information**

**NURSING PROCEDURE FOR MANAGEMENT OF SUSPECTED TRANSFUSION REACTION**

- 1) Stop the transfusion immediately.
- 2) Check and record vital signs and symptoms electronically. Complete transfusion record if not recording electronically.
- 3) Confirm the identity of the recipient by comparing the transfusion record, the blood/ blood product component label and the patient ID band. A clerical discrepancy is a medical emergency.
- 4) Keep the line open by slow, normal saline drip using a new administration set.
- 5) Contact appropriate LIP and the transfusion service immediately to report suspected transfusion reaction.
- 6) Order a transfusion reaction investigation.
- 7) Approval must be obtained from the bedside LIP and the Transfusion Medicine Physician to restart the transfusion.
- 8) Promptly return to the Transfusion Service the transfusion record (must be completed if unable to document electronically) with the blood/ blood product.
- 9) Send a properly labeled sample to transfusion services immediately for all suspected transfusion reactions to red cell products.

LIP - Licensed Independent Practitioner = house staff, house physician, attending physician or advanced practice nurse (APN)

4. Complete the additional rows that cascaded in the Suspected Transfusion Reaction group to finish documenting the reaction.

**Suspected Transfusion Reaction**

Blood Bank Notified?			
Physician Notified?			
Reaction Symptoms			
Reaction Interventions			

Once documented by the nurse, the storyboard will display an alert for a possible transfusion reaction

**Makayla Cantabria**  
Female, 22 y.o., 11/30/1998  
MRN: 316000014  
Bed: IPCD  
Code: FULL (no ACP docs)  
Current Programs: None  
Patient Contacts:  
**Nelson, Janet**  
Mother

COVID-19: Travel Screened  
9/3/2021  
Isolation: None

**!! This patient may be experiencing a react...**

**Sam Stethoscope, MD**  
Attending

**ALLERGIES**  
No Known Allergies

**Flowsheets**

File Add Rows LDA Avatar Add Col Insert Col Data Validate Hide Device Data Infusion Verify

Vitals Basic Assessment I/O Daily Cares/Safety Screenings **Blood** Adult/OB Intervention... C-SSRS (Short Version)

Search (Alt+Comma) Accordion Expanded View All

Transfusion Report  
Begin Blood Transfusion

Transfuse RBC: 2 Units  
(1 of 2 released)

Hide All Show All

Vitals

BP	118/65	108/68	120/66
Temp	38.4 (101.1)	37.6 (99.6)	37 (98.6)
Temp Source	Oral	Tympanic	
Heart Rate	120	80	88

ED to Hosp-Admission (Current) from 9/2/2021 in SOM 2W PAV C

9/2/21 1330 1410 1611

**!! This patient may be experiencing a reaction to a blood product. Consider placing an order for a transfusion reaction workup. Contact the Physician and Blood Bank immediately to report the transfusion reaction.**

The following actions are recommended:  
Order: Transfusion reaction workup and evaluation

## Order a transfusion reaction workup

When a patient meets the criteria for a blood transfusion reaction, begin the transfusion reaction investigation by having the provider order a workup as per policy and documenting the reaction.

BPA will populate for all clinicians if the physician has not entered the reaction workup.

BestPractice Advisory - Cantabria, Makayla

**Critical (1)**

**!! This patient may be experiencing a reaction to a blood product. Consider placing an order for a transfusion reaction workup. Contact the Physician and Blood Bank immediately to report the transfusion reaction.**

**Order** **Do Not Order** [Transfusion reaction workup and evaluation](#)

**Accept** **Dismiss**

## Document blood products refusal

Upon admission the patient assessment is completed for blood transfusion acceptance. Based on that assessment and when the patient's response is "No, I do not want a blood transfusion even if it would save my life", a banner will be applied to the patient record identifying this refusal in the storyboard.

**Navigators**

Admission Transfer Discharge

**Accept Blood Transfusion**

Responsible Create Note

Show Row Info Show Last Filed Value Show Details Show All Choices

If Needed Would You Accept A Blood Transfusion If It Would Save Your Life?

**● If needed would you accept a blood transfusion if it would save your life?**

☒ Yes ☐ Not sure, I will discuss with my physician

☐ No I do not want a blood transfusion even if it would save my life ☐ Not able to assess

**Restore** **Close** **Cancel** **Previous** **Next**

**MC**

**Makayla Cantabria**  
Female, 22 y.o., 11/30/1998  
MRN: 316000014  
Bed: IPCD  
Code: FULL (no ACP docs)  
Current Programs: None  
Patient Contacts:  
**Nelson, Janet**  
Mother

Search

COVID-19: Travel Screened  
9/3/2021  
Isolation: None  
**Sam Stethoscope, MD**  
Attending

**ALLERGIES**  
No Known Allergies

Collection: Unit  
Review Status: None  
**Blood Product Refusal: Blood  
Products Refused**

Exp Disch Date: None

**ADMITTED: 9/2/2021 (1 D)**  
Patient Class: Inpatient  
No expected discharge  
Appendicitis, acute

Height: 170.2 cm  
Last Wt: 61.7 kg  
BMI: 21.30 kg/m<sup>2</sup>

**ACKNOWLEDGE ORDERS (10+)**

## Edit Incomplete Blood Documentation

Click [here](#) to review **How to Edit Incomplete Blood Documentation.**

Version #	Purpose of Change	Author	Date of Change
1.0	Initial Creation	dmartin	8.25.21
1.1	Updates	Dcastillo	10.20.21
1.2	Updates	Dcastillo	11.5.21
1.3	Updates	PSmith/Dcastillo	7.7.2022
1.4	Removed info on blood allocation	DCastillo	10.26.2022
1.5	Blood Notification Update	DMartin	2.20.23
1.6	Added important notes for vitals prior to printing requisition	DMartin	5.5.23
1.7	Updated reactive FLO Group	DMartin	6.15.23
1.8	Updated volume completion	DMartin	8.2.2023

<b>1.9</b>	Update rover scan vs WOW	Dmartin	11.15.23
<b>2.0</b>	Clarified volume completion	Dmartin	12.14.23
<b>2.1</b>	Added Correct Incomplete Blood Doc/Updated Authorization Verified	Abandayrel	2.6.24
<b>2.2</b>	Removed Volume row for single blood transfusion admin initiation	Abandayrel	3.11.24