

Figure 7 Monitoring the patient during transfusion

Procedure

Before starting the infusion

- Ensure clinical staff can observe patient
- Inform patient to notify staff immediately if they become aware of any reaction
- Give the patient a call bell
- Record the patient's temperature, pulse and blood pressure

Start the infusion and adjust the flow rate

During the transfusion

- Record the patient's temperature, pulse and blood pressure 15 minutes *after each unit* has started and according to local procedure
- Complete transfusion within four hours of removing the pack from controlled storage

If an adverse event or reaction is suspected

- Stop the transfusion immediately
- Call for medical assistance
- Keep the IV cannula open with 0.9% normal saline
- Record vital signs including blood pressure and urinary output
- Check patient identity against blood component compatibility label
- Proceed as described on page 61

When the transfusion has been completed

- Check the patient's temperature, pulse and blood pressure for each unit transfused
- Record the volume of blood transfused
- Change the giving set if other intravenous fluids are to be administered or remove the cannula and dispose of the giving set
- File transfusion documentation in the patient's notes
- If there is no evidence of an adverse reaction, dispose of empty blood packs bags in appropriate clinical waste

Good practice points

Observation during and after the transfusion is essential for the early detection of any adverse events or reactions

Adverse reactions can occur with all blood components and plasma derivatives

Additional observations should be made if an adverse reaction is suspected

Signs and symptoms of severe adverse reactions often begin in the first 15 minutes of the transfusion:

- fever
- flushing
- urticaria
- hypotension
- increasing anxiety/restlessness
- pain at or near the site of the transfusion
- loin pain
- respiratory distress

Do not ignore any such signs in a patient receiving any blood component

Transfusion reaction can cause rapid deterioration with hypotension, respiratory distress and collapse

Monitoring the unconscious/compromised or paediatric patient

- Be alert as they may not be able to report symptoms of a transfusion reaction
- NEONATES may become hypothermic rather than febrile in response to a transfusion reaction