Blood Products Administration

PROCEDURE

STEPS

1. Universal precautions; obtain baseline vital signs and monitor patient temperature
2. Establish an IV with a catheter 18g or larger
3. Hang 1000 mL 0.9% NaCl on one of the Y adapters; flush the tubing, filling the filter chamber
4. Recheck contraindications
5. Spike the blood bag on the other part of the Y; close the saline clamp; open the blood clamp and start the infusion
6. Set the prescribed rate — tubing is 10 gtt/mL; whole blood at least 50 gtt/min, packed cells at least 30 gtt/min
7. Reassess vital signs 10 minutes after the start, and repeatedly thereafter (not to exceed 30 minutes)

BEFORE YOU START

- Indications: patients with hemorrhagic shock; other conditions as directed by a physician
- Must have physician orders
- Do not add medication to blood; blood must not hang for more than 4 hours

KIT YOU NEED

- Blood administration set with Y adapters and filter chamber
- 1000 mL 0.9% NaCl; 18g or larger IV catheter; the blood unit

IF IT GOES WRONG

- Transfusion reaction (fever, chills, hives, flushing, headache, backache, nausea, hypotension, tachycardia, loss of consciousness): stop the infusion, replace the blood with normal saline
- Reaction: rapid primary assessment, high-flow O2, contact medical control; consider diuretics or Benadryl with medical control approval
- Fluid overload (increased dyspnea, pulmonary congestion, edema, altered mental status): stop immediately, NS at KVO rate, oxygen, contact medical control
- Document all vital signs, any reactions or complications, and the specific unit of blood from the tags on the blood bags

Take Home Message:

Blood runs on physician orders through an 18g or bigger, never hangs past 4 hours — and any reaction means stop the blood and switch to saline.