MONITORING BLOOD TRANSFUSIONS DURING INTERFACILITY TRANSPORT

PROCEDURE:

- ABCs/monitor cardiac rhythm.
- Blood is to be hung by the transferring facility, not the transporting paramedics.
- Identify the patient and blood by checking the patient ID band against the blood label and blood order for name, blood type and unit identifying number.
- If transfusion infusing without signs of reaction, infuse at rate ordered by MD.
- Monitor the patient for any signs and symptoms of a transfusion reaction. The following are the most common types of transfusion reactions that may occur.

  Hemolytic reactions: Hemolytic reactions are the most life-threatening. Clinical manifestations may vary considerably: fever, headache, chest or back pain, pain at infusion site, hypotension, nausea, generalized bleeding or oozing from surgical site, shock. The most common cause is from ABO incompatibility due to a clerical error or transfusion to the wrong patient. Chances of survival are dose dependent therefore it is important to stop the transfusion immediately if a hemolytic reaction is suspected. Give fluid challenge of NS.

  Febrile non-hemolytic reaction: Chills and shaking. Document and report to hospital on arrival.

  Allergic reaction: Characterized by appearance of hives and itching (urticaria or diffuse rash).

  Anaphylaxis: May occur after administration of only a few mL of a plasma containing component. Symptoms include coughing, bronchospasm, respiratory distress, vascular instability, nausea, abdominal cramps, vomiting, diarrhea, shock, and loss of consciousness.

  Volume overload: Characterized by dyspnea, headache, peripheral edema, coughing, frothy sputum or other signs of congestive heart failure occurring during or soon after transfusion. Restrict fluid.

- If a transfusion reaction occurs:
  - Stop the transfusion immediately.
  - Contact Base Hospital.
  - Document transfusion reaction symptoms.
  - Report to hospital on arrival.

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