

# TRANSFUSION CHECKLIST

For references, refer to [Bloody Easy Blood Administration Version 3](#), Summary: Transfusionist's Accountability: Transfusion Checklist (page 80-89).

**Unequivocal (unmistakeable) identification of the patient is mandatory.**

**Patient must be wearing a patient identification armband. Patient identification information must remain attached to the blood for the duration of the transfusion.**

## PRE-TRANSFUSION

- ✓ **Informed Consent**
  - Per policy/procedure, questions addressed
  - Exception: emergent, life-threatening bleed
- ✓ **Transfusion Order**
  - Indication supported: labs, signs, symptoms
  - Complete, required information included
- ✓ **Group & Screen Testing**
  - Required for compatible blood components
  - ABO, Rh(D) blood groups, antibody screen (clinically significant antibodies)
  - Label tube of blood at patient's bedside
- ✓ **Prepare the Patient**
  - Educate: symptoms indicative of reaction
  - Assess for transfusion history and TACO risk factors; follow up if indicated
- ✓ **Prepare the Equipment**
  - Dedicated, patent IV (peripheral or central)
  - Compatible IV fluid (only 0.9 % NaCl [sodium chloride] for blood components)
  - Blood components – tubing/filter (170-260 microns); change after 4 units or 4 hours
  - Platelets – always NEW/FRESH tubing/filter
  - Prime tubing/filter: blood or compatible IV fluid
  - IV setup to stop abruptly & maintain TKVO: 0.9% NaCl flush syringes + any fluid IV line or 0.9% NaCl IV line
  - Infusion Devices: if Health Canada approved
- ✓ **Pick Up Blood from TML** (Transfusion Medicine Lab)
  - Patient identification (surname, first name, unique identification number) and order

## TRANSFUSION

- ✓ **Checking Blood Components/Blood Products**
  - Blood received matches transfusion order
  - At bedside, in physical presence of patient
  - **1. Patient Identification:** surname, first name, unique identification number **identical** on armband, order, transfusion & chart label/tag
  - **2. ABO, Rh(D) Blood Groups (only for Components): identical/compatible** on Group & screen test, CBS (Canadian Blood Services) label, transfusion & chart label/tag
  - **3. Unit (Components) / Lot (Products) Number: identical** on CBS label (Components) / manufacturer label (Products), transfusion & chart label/tag
  - **4. Visual Inspection & Expiry**
    - Components:** no clots, usual colour, ports intact, expires 4 hours after issue from TML
    - Products:** packaging/seal intact, colour as per manufacturer, vials/glass bottles – once entered/spiked, expires after 4 hours
- ✓ **Patient Assessment and Vital Signs** (for each unit)
  - Close monitoring/observation required
  - Minimum: within 30 minutes of starting, 15 minutes after starting, upon completion
  - Temp, BP, pulse, respiratory rate, oxygen saturation; if TACO risk - chest auscultation
- ✓ **Infusion Rate** (for each unit)
  - 50 mL/hour for first 15 minutes; can be deferred if acute bleeding
  - Re-check after 15 minutes, if no indication of reaction then increase to rate as ordered
- ✓ **Possible Transfusion Reaction**
  - If any adverse/unexpected/serious symptoms, **STOP** transfusion; refer to [TTISS Reaction Chart](#)

## POST-TRANSFUSION

- ✓ **Completing the Transfusion**
  - Comply with expiry time specific for blood component/blood product  
Outside the expiry time, discard remainder
  - Component tubing: flush with 0.9 % NaCl
  - Products given IV: flush (tubing/IV site) with compatible IV fluid
  - Some hospitals require returning the empty blood bag to TML  
Otherwise dispose of blood tubing/bags in biohazardous waste
  - Re-assess patient and re-check vital signs:
    - at end of transfusion
    - periodically post-transfusion (reactions may occur 4 hours post-transfusion; for dyspnea reactions up to 24 hours post transfusion)
- ✓ **Documentation**
  - File completed chart label/tag for each component or product transfused on patient's health record (include start and stop times)
  - Some hospitals require a completed "transfusion record" form returned to TML
  - Record volume transfused, vital signs and patient assessments
  - If a transfusion reaction is suspected: report to TML, document signs and symptoms, patient care