

ST GEORGE RENAL DEPARTMENT – INTERNAL ONLY

Administration of a Blood Transfusion on Haemodialysis

Bottomline

It is best practice to administer blood transfusions to patients while they are receiving haemodialysis. This allows for more potassium control and precise fluid management and negates the need for insertion of an IV cannula.

Consent for blood transfusion must be obtained

For outpatients this should be signed before the initial infusion and then kept in the patient's file for future reference. The medical officer must write a note on the consent where it says "My consent is conditional on the following terms" noting that the transfusion is to treat a chronic condition and is valid for an extended period. This section is on the back of the transfusion consent form.

Should the patient be admitted to hospital and require a blood transfusion for another reason, a new consent is required.

Please refer to clinical business rule: SGSHHS CLIN108.

**** The Nephrologist must consent to the transfusion, especially if the patient is on the transplant waiting list.**

Equipment

- Infusion pump
- Blood giving set for infusion pump
- Normal saline 100ml bag.

Ordering and Administration

- The transfusion must be ordered by a medical officer on a fluid order chart.
- The blood must be checked by two accredited RNs or accredited RN and EN (see Blood and Products Administration Competency Assessment).
- See St George Hospital policies at:
 1. Blood and Blood component administration
http://seslhnweb/SGSHHS/Business_Rules/Clinical/documents/B/Blood_Administrati on_SGSHHS_CLIN148.pdf
 2. Blood and blood product - consent, prescription and ordering protocol
http://seslhnweb/SGSHHS/Business_Rules/Clinical/documents/B/Blood_Consent_Pr escription_Ordering_SGSHHS_CLIN108.pdf
 3. Blood Components: Storage of outside of Blood bank
http://seslhnweb/SGSHHS/Business_Rules/Clinical/documents/B/Blood_Storage_Ou tside_Blood_Bank_SGSHHS_CLIN149.pdf
 4. Ministry of Health Policy Directive: Blood - Management of Fresh Blood Components

http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_016.pdf

- The blood transfusion must be infused over at least an hour. The rate should never exceed 5ml/min in the first 15minutes (75ml). If this is not possible the time on dialysis should be lengthened.
- Check the patient's serum potassium prior to administration. If it is within the normal range infuse the blood into the venous drip chamber using the infusion pump. If the patients potassium is high it may be necessary to infuse into the arterial line, but an infusion pump must still be used.
- Baseline observations must be attended prior to the transfusion.
- Observations must be checked at 15 minutes. To remind you that obs are due set the rate at 300mls/hr and set the volume at 75mls.
- To prevent fluid overload, increase the UF volume to include the blood volume amount.

Post Transfusion Instructions for Transplant List Patients

- Patients who are on the transplant list need to be made "interim" and will require a serum sample sent 14 days post transfusion to "reactivate" the patient back on the transplant list.
- Notify the transplant coordinator of all waiting list patients who receive blood products on page 253.