


# BLOOD TRANSFUSION AND IV FLUIDS INFUSION










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## Introduction














*A 'transfusion' consists of the administration of blood, blood products or any blood substitutes to correct or treat a clinical abnormality. Continuous infusion may be defined as the administration of a large volume of fluid, i.e. 250–1000 ml, over a number of hours, which may be repeated over a period of days.*




## Procedure

### 1. Equipment requirements for these procedures:









-  Cannulae
-  Alcohol swabs
-  Biocclusive dressing, e.g. Opsite
-  Prescription sheet for the individual
-  Prescribed infusion fluid
-  Appropriate giving set
-  Drip stand
-  Sharps box
-  Clinical waste bag.









### 2. Procedure for blood transfusion:

-  A doctor is responsible for ordering, requesting and prescribing the blood
-  The procedure for blood transfusion should be explained to the individual and their consent gained
-  Before the transfusion check the identity of the individual and the blood unit; this must be carried out by two registered nurses. Identify the individual's surname, first name (initials are not adequate) and date of birth by asking the individual, if possible, or otherwise by checking their notes
-  Check the individual's identification details match those on the blood transfusion report and the compatibility label attached to the blood bag
-  For blood pack details check that the blood group and number on the pack match those on the blood transfusion report; check that the blood pack shows no sign of leakage or damage and also that the blood has not passed its expiry date
-  Record number of the blood unit on chart and sign as administered as soon as the transfusion has commenced
-  Record the Individual's temperature, respiratory rate, pulse and blood pressure
-  Wash hands and assist the doctor in insertion of the cannula
-  Normal saline 0.9% may be infused as a slow drip to maintain venous access before transfusion so as to prevent haemolysis of red blood cells
-  Blood must be transfused as soon as possible after it has been delivered; it should not be allowed to warm to room temperature
-  Blood should be infused through special giving sets containing appropriate filters
-  Ensure that instructions on the storage box are strictly adhered to
-  Observe the individual closely for the first 15 minutes of each unit of blood transfused in case of severe unexpected reaction. The following regular observations should be made:








-  During the transfusion the temperature, respiratory rate, pulse and blood pressure should be recorded 15 minutes after commencing each unit and again at completion of each unit
-  If problems occur stop the transfusion immediately and contact the appropriate medical professional. Further observations should be taken.
-  To discard the blood transfusion bag and any remaining contents seal the bag with the blue plug. Keep the bag and giving set for 48 hours and then discard into a yellow bag for incineration.

**3. Procedure IV Infusion:** Explain the procedure to the individual or relevant person and then wash your hands. *Two registered nurses must check the prescription sheet regarding:*

-  Individual's name
-  Date
-  Doctor's signature
-  Type of fluid to be infused
-  Amount of fluid to be infused
-  Period of time over which the fluid is to be infused
-  The label on the solution corresponding with the prescription sheet.
-  The expiry date on the solution bag must be checked along with an inspection of the fluid for any signs of contamination, e.g. cloudiness or discolouration. After this has been completed:

-  Hands must be washed again
-  Pull off the covering of the inlet on the giving set, straighten the tubing and ensure the flow regulator is turned off
-  Remove the cap of the entry port of the infusion and push the sharp inlet of the giving set through the entry port of the infusion bag
-  Squeeze the drop chamber to enable it to be half filled with fluid
-  Hang the infusion bag on the drip stand, ensuring the end of the giving set is covered
-  Open flow regulator and remove cap on the end of the line. Allow fluid to flush the line slowly (preventing formation of air bubbles)
-  Ensure at all times that the tip of the line is covered with a sterile needle and guard
-  The doctor will attach the first infusion after checking the patency of the vein.

**4. Continuous infusions should be checked regularly with regard to the following:**

-  Flow (to ensure delivery of prescribed fluids over the prescribed time)
-  Site of infusion
-  Redness
-  Soreness
-  Pain or discomfort
-  Swelling
-  These may indicate infiltration of fluid into the surrounding tissues, local infection or phlebitis. The infusion should be discontinued and any problems reported to the nurse in charge.

***Further Guidance***

*Nice Guidelines on Blood transfusion June 2013*

*RCN Guidance – Right blood, Right individual, Right time issued April 2013*