

WHAT HAPPENS WHEN I RECEIVE A BLOOD TRANSFUSION?

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What does the doctor do?

A doctor will decide whether a patient needs a transfusion after careful consideration. The doctor will discuss the reasons for transfusion and any alternatives before obtaining consent from the patient. Then the doctor will write a medical order (prescription) to administer a particular blood component (eg red cells, plasma or platelets) over a specified time.

What does the hospital transfusion laboratory do?

The blood component is 'cross matched' for each patient; a sample taken from the patient is checked for blood type and matched with the component the doctor has ordered. The transfusion laboratory attaches a label to the blood pack with the patient's details as part of the process.

What checks will staff do just before the transfusion?

Checking the patient's identity against all the details on the matched blood pack is a vital safety step to ensure the right patient receives the right blood component. These checks and matches must occur before the transfusion proceeds:

- Patient details on the prescription, the blood pack and patient's identity band are all identical.
- Prescription and blood pack label are compared to make sure the right component type that has been sent, blood groups are compatible and all the special requirements that a patient needs are present.
- Pack is intact with no leaks or signs of contamination and it is within expiry date and time.

If any discrepancy is found the transfusion can't go ahead.

What happens next?

The transfusion is started by one of the two people who performed the check. Blood is transfused through sterile plastic tubing that connects to an intravenous 'drip'. Red cells must be given within four hours, while platelets and plasma are usually given over 30 to 60 minutes.

Reactions to blood can occur. Because of this, the patient is closely observed until the transfusion has completed.



What happens if a patient has a reaction to the blood product?

Most reactions during transfusion are minor; fever, itchiness or skin rash, and they are relieved with simple medications or by stopping the blood transfusion. Some reactions and symptoms may be more serious such as shakes and feeling cold, feeling short of breath or wheezy, or facial swelling.

Each reaction is treated and investigated. If it's suspected the reaction is related to the blood component, rather than a reaction of the patient's body to the transfusion, the Blood Service is contacted and can investigate further.

BLOOD FACT

A way to remember all the checks is the 4Ps:
Patient, **B**lood **P**ack and **P**aperwork all have to match **P**erfectly.