

**New York State Council on Human Blood and Transfusion Services*
and
New York State Board for Nursing†**

***GUIDELINES FOR MONITORING
TRANSFUSION RECIPIENTS***

**Third Edition
2008**

***New York State Council on Human Blood and Transfusion Services
New York State Department of Health
Wadsworth Center
Empire State Plaza - P.O. Box 509
Albany, New York 12201-0509**

**†New York State Board for Nursing
New York State Education Department
Education Building
89 Washington Avenue, Second Floor, West Wing
Albany, New York 12234**

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Requests for copies of this publication may be directed to:

Blood and Tissue Resources Program
New York State Department of Health
Wadsworth Center
Empire State Plaza
P.O. Box 509
Albany, New York 12201-0509

Telephone: (518) 485-5341
Fax: (518) 485-5342
E-mail: btraxess@health.state.ny.us
Website: www.wadsworth.org/labcert/blood_tissue

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Director, Blood and Tissue Resources
New York State Department of Health
Wadsworth Center
Albany, New York

† Guideline Working Group Chairperson

* Member, Guideline Working Group

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COUNCIL ON HUMAN BLOOD AND TRANSFUSION SERVICES
AND
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BOARD FOR NURSING**

GUIDELINES FOR MONITORING TRANSFUSION RECIPIENTS

The following guidelines and appended Transfusion Reaction Response Guide reflect the thinking of New York State experts in transfusion medicine and nursing. The documents may be helpful for preparation of institutional standard operating procedures and can be modified for incorporation into institution documents, as indicated. References that provide additional information on this topic are listed at the end of the guidelines.

1. The patient's vital signs (temperature, pulse, respirations, and blood pressure) should be recorded shortly before transfusion and after the first 15 minutes, and compared to baseline values. Some patients' history or clinical conditions may indicate a need for more frequent monitoring.
2. After the transfusion is initiated, the rate of flow should be observed and regulated, according to the physician's orders.
3. If a particular patient is determined to be at increased risk for a mild reaction, a "PRN" (if needed) order, for that patient, for medications such as acetaminophen and/or diphenhydramine, may be useful in order to facilitate immediate availability in the patient care area.
4. During the transfusion, the patient should be observed periodically, especially during the first 10 to 15 minutes, for signs and symptoms of transfusion reaction.

The Transfusion Reaction Response Guide lists signs and symptoms suggestive of a transfusion reaction and lists actions that should be taken in the event that certain signs and symptoms occur during the transfusion or shortly thereafter. (See Appendix A.)

5. If transfused at a medical facility, the patient should be instructed, prior to transfusion, to alert a health care provider of any discomfort or unusual sensations.
6. Upon completion of the transfusion, the patient's vital signs (temperature, pulse, respirations, and blood pressure) should be recorded, and compared with the previous values.
7. The ordering physician or designee who is familiar with the patient should be available by telephone to handle any complications.
8. In an ambulatory setting, it is important that the patient be given instructions on potential problems following transfusion and a telephone number to call in the event of a reaction.
9. Assessment of the effect of the transfusion (increment in hemoglobin/hematocrit, platelet count or fibrinogen, or correction of PT/INR or PTT, as applicable) is important post-transfusion. Blood specimens (EDTA tube for hemoglobin/hematocrit or platelet count; citrate tube for coagulation parameters) should be collected as ordered by the physician. However, the timing of such phlebotomy may vary, depending on the clinical condition of the patient.

Pertinent Literature

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