

New York State Council on Human Blood and Transfusion Services

*ELECTIVE OUT-OF-HOSPITAL TRANSFUSION:
RECOMMENDED CRITERIA AND GUIDELINES
FOR TRANSFUSION OF BLOOD COMPONENTS*

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New York State Council on Human Blood and Transfusion Services
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**NEW YORK STATE
COUNCIL ON HUMAN BLOOD AND TRANSFUSION SERVICES**

**ELECTIVE OUT-OF-HOSPITAL TRANSFUSION: RECOMMENDED CRITERIA
AND GUIDELINES FOR TRANSFUSION OF BLOOD COMPONENTS**

Out-of-hospital transfusions may be performed in sites such as dialysis centers, ambulatory surgery centers, physician offices, other diagnostic and treatment centers, and patient homes. *Note: This guideline is not applicable to plasma derivatives.*

I. PATIENT CRITERIA

- A. The patient must be cooperative and able to respond to verbal commands.
- B. Informed consent must be obtained from the patient or a legally authorized representative.
- C. For transfusions outside an ambulatory surgery center, patients should have a history of previous uncomplicated transfusion, including absence of hemolytic or severe allergic reactions, unless otherwise approved by the issuing facility.
- D. Stable cardiorespiratory status is important. Patients with unstable angina or congestive heart failure are not suitable candidates for out-of-hospital transfusion.
- E. Patients must meet the transfusion therapy guidelines of the issuing facility.

II. STAFFING

- A. Qualified medical personnel meeting New York State Department of Health (NYSDOH) regulatory requirements shall initiate, administer and monitor the transfusions. At least two competent adults, other than the recipient, one of whom must be qualified medical personnel as specified by NYSDOH, shall be present at all times during the transfusions and for thirty minutes afterward. The supervisory physician must certify and document that the personnel administering the transfusion have adequate training and experience.
- B. If a physician is not present on site during the transfusion, the personnel administering the transfusion must meet the following requirements for training and experience:

1. experience with acute patient care in a hospital setting;
 2. demonstrated skills in venipuncture and IV therapy; and
 3. completion of an inservice educational program covering all aspects of blood transfusion therapy, including cardiopulmonary resuscitation (CPR) training.
- C. If not present on site, a physician, nurse practitioner or physician's assistant must be immediately available by telephone during the transfusion and for thirty minutes afterwards. In an office setting, it is preferable that a physician be present. If this is not possible, personnel must meet the requirements specified in II-B. In all cases, staff must also be available for 24-hour follow-up coverage.
- D. Patients should be given written post-transfusion instructions.

III. EQUIPMENT/SUPPLIES

- A. All medications, equipment and supplies necessary for management of adverse reactions must be immediately available.
- B. Approved procedures and containers for infectious waste disposal must be used.
- C. An accessible working telephone must be available at the transfusion site to permit ready communication with the supervising physician.
- D. Products should be transported in suitable containers so that appropriate storage conditions are maintained.

IV. TRANSFUSION PROCEDURES

Standard procedures for blood collection and administration apply, and should be followed in out-of-hospital settings. The Council on Human Blood and Transfusion Services endorses the transfusion, blood sample collection, blood component administration, and transfusion reaction protocols contained in the American Association of Blood Banks' publication entitled *Guidelines for Home Transfusion (AABB, 1997)* and recommends that these protocols be followed.