
New York State Council on Human Blood and Transfusion Services
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For additional information, this and the Council’s other blood services guidelines are available at:
www.wadsworth.org/labcert/blood_tissue
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, provided the facility or agency is approved by the Department as a Limited Transfusion Service. Transfusion of blood components by a Limited Transfusion Service must comply with 10 NYCRR, Subpart 58-2 (Blood Banks), specifically Section 58-2.21. Note: This guideline applies only to blood components.

I. PATIENT CRITERIA

A. Informed consent must be obtained from the patient or a legally authorized representative and documented. See the New York State Council on Human Blood and Transfusion Services’ Recommendations for Consent for Transfusion (http://wadsworth.org/labcert/blood_tissue/forms/consent_transfusion.pdf)

B. For transfusions outside an ambulatory surgery center, the patient must be cooperative and able to communicate during the transfusion.

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. Only qualified, licensed health care personnel meeting New York State Department of Health (NYSDOH) regulatory requirements may initiate, administer and monitor transfusions. At least two competent adults other than the recipient, one of whom must be authorized to initiate transfusions, as specified by NYSDOH and the Limited Transfusion Service’s policies and procedures, must be present at all times during a transfusion and for thirty minutes afterward. The physician supervising the Limited Transfusion Service must certify and document that the personnel administering the transfusion have adequate training and experience.

B. If a physician, nurse practitioner, or physician assistant is not present on site during a transfusion, the personnel administering transfusions must be registered nurses and 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 educational program covering all aspects of blood transfusion therapy and cardiopulmonary resuscitation (CPR) training.

C. If not present on site, a physician, nurse practitioner, or physician assistant must be immediately available by telephone during the transfusion and for thirty minutes afterward. In an office setting, it is preferable that a physician be present.

D. In all cases, staff must also be available for 24-hour follow-up coverage.

III. EQUIPMENT & SUPPLIES

A. All medications, equipment, and supplies necessary for management of adverse reactions must be immediately available.

B. Disposal of regulated medical waste must comply with applicable regulations.

C. An accessible working telephone must be available at the transfusion site to permit ready communication with the supervising physician.

D. Blood components must be transported in suitable labeled containers that maintain required storage conditions.

IV. STORAGE

If blood is not to be administered immediately upon receipt, the New York State Council on Human Blood and Transfusion Services’ Guidelines for Remote Blood Storage should be followed.

V. TRANFUSION PROCEDURES

A. Standard procedures for blood administration should be followed in out-of-hospital settings.

B. At the conclusion of the transfusion, patients should be given written post-transfusion instructions that can be understood by the average lay person. The instructions should include the symptoms that should be reported to medical staff and a 24-hour telephone number to contact should a reaction occur after leaving the facility. The instructions should be written in a language and in terminology that can be understood by the patient.