Blood transfusion safety Checklist - by Dr Alpesh Gandhi (VP, FOGSI-2013)

1. Indication must be present. BT should never be ordered unless it is worth the risk.
2. It is always better to keep cross matched blood ready for use but do not use without requirement.
3. Group and screen samples used for provision of blood in pregnancy should be of <3 days old. Fresh sample is ideal.
4. Except emergency, only stored & screened blood should be used.
5. Blood of 1st relative / Siblings should not be transfused unless in an emergency.
6. Whole blood has no indication unless blood components are not available.
7. Transfusion of Single unit of blood has not much role.
8. Patient's past H/O related to BT, indication, reaction to or complication because of BT should be evaluated, if any.
9. Blood received from blood bank can be stored in Freeze but not in deep freezer.
10. Red cells received should be started within 60 min of leaving controlled storage & completed in maximum 4 hours.
11. Visual inspection of the blood pack is done. Check for any leak, clots, discoloration turbidity or hemolysis. If any check is failed, return the blood to blood bank.
12. Transfusion consent to be signed.
13. When transfusion of all or specific blood components is refused by patient or relatives, this should be documented in the patient's clinical records.
14. The blood bag should be verified by the attending doctor/nurse. This should include name of pt., blood group of both the pt & the donor, name of the component, date of tapping, date of expiry, donor reference number, pt reference number, date & time of issue, volume etc
15. ABO, rhesus D (RhD) & K (Kell) compatible red cell units, Platelets, FFP and Cryoprecipitate should be transfused.
16. FFP & cryoprecipitate should ideally be of the same group as the recipient. If unavailable and emergency; FFP of a different ABO group is acceptable provided it does not have a high titre of anti-A or anti-B activity.
17. Platelet concentrates should ideally be of the same ABO group as the recipient. When platelet concentrates are in short supply, administration of ABO-nonidentical platelets is an acceptable practice. If RhD-positive platelets are transfused to a RhD-negative woman of childbearing potential, anti-D immunoglobulin should be administered.
18. Blood bag label to be stuck in nurses' note.
19. No 18 or 20 G I.V. Line / Central line should be taken.
20. Blood is administered with special B.T. administration set with micron filter.
21. Blood transfusion chart to be updated and counter signed by a doctor.
22. Rate and units to be decided as per indication.
23. Blood warming is usually not required, but the pt is to be kept warm. If blood warming is required, use authenticated licensed warmer for it.
24. Pulse, Temperature, Respiratory rate, B.P., should be monitor at the beginning, after 15 min of starting of BT, & regularly at every 30 min and at the end of BT
25. Oxygen saturation is measured, if Pulse oximeter is available at every 30 min.
26. Proper hydration is to be maintained when a pt is on BT. Urine output to be monitored.
27. Injection Caclium Gluconate is required when 3 or more units are given in a day.
28. Signs for any blood transfusion reactions or complications should be watched for.
29. Preserve the Blood bag with label and BT set for few hours.
30. Dispose the blood bag & BT set as per Hospital Bio-medical waste management guidelines
31. When the blood group is unknown, in an extreme situation, group O Rh '_' red cells can be given (although they may be incompatible for pts with irregular antibodies). In major obstetric haemorrhage, the provision of emergency blood with immediate issue of group O, Rh negative & K negative units, with a switch to group-specific blood as soon as feasible.
32. If patient has an unexpected transfusion reaction, Stop transfusion immediately. Check and monitor vital signs. Maintain IV access (Do not flush existing line, change the I.V. Set and use new IV line if required). Check that the right pack has been given to the right patient. Administer therapy appropriate to the adverse event. Inform the responsible blood bank and senior. (Reference: RCOG and WHO recommendations)