STANDARDIZED PROCEDURE
REPORTING ADVERSE BLOOD REACTIONS

These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) at UC San Diego Health.

I. Policy
A. As described in the General Policy Component.

B. Covers only those Advanced Practitioners who are licensed in the State of California and have Delineation of Privileges and corresponding Standardized Procedures approved by the Interdisciplinary Practice Committee.

C. Practice standards as described in UCSDHS MCP 614.1; as well as related policies 350.1, 561.1, 561.3, & 617.1

II. Protocol
A. Definition
i. This protocol covers the guidelines for reporting reaction to blood or blood products as described in UCSDHS MCP 614.1

ii. Each blood product transfused carries a small risk of an acute or late adverse effect.

B. Database
i. Subjective – Review patient understanding of medical, surgical or invasive procedures related to the necessity for blood or blood product administration.

ii. Objective – Advanced Practitioners should carefully select patients who will benefit from transfusion therapy according to established criteria. The indication for transfusion will be documented in the medical record.

III. Plan
A. Premedication: to prevent immunologic transfusion reactions, the Advanced Practitioner may order medications such as as acetaminophen and diphenhydramine before the transfusion begins to prevent fever and histamine release.

B. Blood transfusion Reactions are Classified as Mild, Moderate, or Severe.
   1. Mild Transfusion Reaction-temperature rise less than 1 degree C above baseline; minimal itching or localized urticaria; chills.
   2. Moderate Transfusion Reaction-temperature rise greater than 1 degree C above baseline; itching unresolved with
antihistamines; urticaria unresolved with antihistamines; chills with fever unresolved by antipyretics.

3. Severe Transfusion Reaction—temperature rise greater than 2.5°C above baseline; progressive or extensive urticaria; shock; hypotension; cyanosis; hemoglobinemia; dyspnea; back or flank pain.

C. Advanced Practitioners may only treat non-life threatening, **mild transfusion reactions**, e.g. mild urticarial and febrile, unless they are specifically trained and competent to recognize and treat the more severe reactions.

D. Any adverse reaction to the transfusion of blood or blood products should be reported to the patient’s Advanced Practitioner and to the hospital blood bank as soon as possible. The Advanced Practitioner will report the reaction to the supervising physician. Speed is essential because of the possible life-threatening nature of acute transfusion reactions. **For moderate to severe reactions, triage the patient as needed to 911 or the Emergency Department for outpatients, and Rapid Response or Code Blue Teams for inpatients.**

E. The Advanced Practitioner will complete and sign the portion of the form designated for the prescriber on the **Transfusion Record**.

F. All transfusion reactions will be peer reviewed by the department supervising physician.

G. Patient Education: Discuss the need for blood transfusion and probable benefits, risks associated with blood transfusions and alternatives. Transfusion risks related to the use of allogenic blood can be eliminated by the use of autologous blood (where patients collect and store their own blood for use in planned surgery). This is not risk free however. Also, patient education to be provided as delineated in the MCP 301.8 **Patients’ Rights and Responsibilities**

H. Record Keeping: Copy of the consent shall be kept in the patient’s medical record as stated in the MCP 614.1 policy.

**VII. RESPONSIBILITY**
Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call: 619-543-3438.

**VIII. HISTORY OF PROCEDURE**
Revised by the Committee of Interdisciplinary Practices: 2/26/2014, 9/28/2016
Reviewed by the Medical Staff Credentials Committee: 3/5/2014, 10/6/2016
Approved by the Medical Staff Executive Committee: 3/20/2014, 10/7/2016