HEALTH SERVICES

NURSING PROCEDURES

TITLE: BLOOD & BLOOD PRODUCTS - ALBUMIN ADMINISTRATION
A. Prior to Obtaining Albumin
B. Obtaining Albumin
C. Preparation and Verification of Albumin
D. Commencing Albumin
E. Transfusion Reaction (Actual or Suspected)
F. Following Administration of Albumin

CATEGORY: RN – General
LPN – General
RPN – General

PURPOSE

- Safe administration and documentation of Albumin.
- Report and management of adverse reactions.

NOTE: For NICU administration see unit specific procedure.

NURSING ALERT:

Indications:
- To restore and maintain circulating volumes.
- To replace volume loss due to shock from burns, trauma, surgery or infections.
- To treat hypoproteinemia.

Contraindications:
- Known hypersensitivity.
- Stabilized chronic anemia.
- Congestive heart failure.
- Albumin is to be infused within 4 hours of issue from transfusions department.
- A filter is not required to administer albumin.
- Use caution in clients with renal insufficiency.
A. Prior to Obtaining Albumin

EQUIPMENT

1. Documents (see APPENDICES for sample transfusion forms):
   - Informed consent Appendix #1, 1a
     - Consent for Administration of Blood/Blood Components and or Plasma Protein Products/Refusal/Withdrawal of Consent RQHR 1163 (02/20)
       (http://rhdintranet/Transfusions/public/Consent/ConsentInformation.htm)
   - Blood and Blood Products Administration Checklist – Appendix #2
   - Albumin Administration Chart – Appendix #3
2. PPE
3. Equipment for starting intravenous access (IV), if not already in progress
4. Appropriate vented administration set: Pump #313406, Gravity #310813 – Appendix #4
5. Normal saline (N/S) IV Solution is preferred (compatible with all IV solutions)
6. IV Pump; if required

PROCEDURE

1. Verify Practitioner’s order.
2. Ensure Consent/Refusal for Administration of Blood/Blood Components and or Plasma Protein Products completed by practitioner.

NURSING ALERT:

- Informed consent must be obtained by Practitioner as per Health Canada Blood Regulations (refer to reverse side of consent form for products requiring consent).
- **If consent not completed,** notify Practitioner to obtain one of the following:
  - Informed consent.
  - Practitioner’s order that states “Ok to proceed with transfusion without signed consent” or;
  - Order to hold transfusion until consent can be obtained.
3. Discuss previous reactions to albumin and document.
4. Don PPE.
5. Prime administration tubing set with N/S or compatible solution.
6. Ensure patent IV access.

NOTE: If central venous access device (CVAD) present, refer to appropriate procedure for checking line patency (C.2, I.7, P.11, T.3):
http://rhdintranet/np/Public/Procedures/C.2.pdf
http://rhdintranet/np/Public/Procedures/I.7.pdf
http://rhdintranet/np/Public/Procedures/P.11.pdf
http://rhdintranet/np/Public/Procedures/T.3.pdf
7. Obtain and document **baseline** vital signs (BP, HR, RR and Temp) within 30 minutes prior to initiation of Albumin.

**NOTE:** Notify practitioner of vital signs outside parameters prior to transfusion (i.e. increased temperature).

### B. Obtaining Albumin

#### EQUIPMENT

1. Documents (see APPENDICES for sample transfusion forms):
   - Request for Transfusions Services Requisition – Appendix #5
   - RQHR Patient Transfusion Notification Form – (Must use form RQHR 425 (10/99 Supplied by lab with first transfusion during current admission) – Appendix #6

#### PROCEDURE

1. Complete the pink Request for Transfusion Service requisition including stamp with client’s addressograph, and required blood product.

2. Present completed requisition to staff in Transfusion Department.

   **NOTE:** Any RQHR employee certified to transport blood and blood products may obtain product from Transfusion Department. Certification entails yearly completion of Portering Blood and Blood Products E-quiz. Volunteers are not regarded as employees of the RQHR.

   A check is performed with lab personnel. Check Transfusion Record Tag client name, MRN#, date of birth and against Albumin for correct concentration, expiry date and lot number. Any discrepancies are to be resolved before leaving the lab.

   Albumin is available in 5% and 25%.

4. Sign transfusion record tag in lab upon receipt of blood product.

5. Obtain a Notification of Transfusion Form (RQHR form 425 (10/99)) from the laboratory if this is first transfusion client has received on current admission.

6. Place Notification of Transfusion Form with discharge instructions. Ensure client signs and receives canary copy prior to discharge.
C. Preparation and Verification of Albumin

EQUIPMENT

1. Documents (see APPENDICES for sample transfusion forms):
   - Document with client identification including name, date of birth, MRN i.e. stamped with addressograph
   - Transfusion Record Tag (two part tag that comes with blood product – pink on front, white on back) – Appendix #7
   - Albumin Label with patient identification (Sticker on Albumin Bottle) Appendix #8

2. Albumin

PROCEDURE

1. Inspect albumin. Do not use if turbid, cloudy, has particulate matter, vial cracked or damaged or previously entered.

   NOTE: If a problem is noted, call Transfusions Department.

2. Verify at bedside by two individuals the following:
   - Client Identification (Name, MRN#, Date of birth).
   - Verbal validation of client identification by client/family if possible.
   - Correct concentration of product.
   - Lot#.
   - Expiry date.

   NURSING ALERT:
   - All blood products must be CHECKED AT BEDSIDE BY TWO INDIVIDUALS from the following designations:
     o Registered nurse (RN)
     o Registered psychiatric nurse (RPN)
     o Licensed practical nurse (LPN)
     o Nurse practitioner (NP)
     o Medical doctor (MD)
     o Perfusionist
     o Nursing student – under supervision of instructor, RN/RPN/LPN
   A grad nurse (GN), Advanced Care Paramedic, or competent trained adult (for home infusion) may check blood only if checking with RN/RPN/LPN (see policy #4.2.4 – Administration of Blood Products, in RQHR Policy Manual).

3. Sign Transfusion Record Tag (both individuals).

4. Detach top pink portion of Transfusion Record Tag and affix to Laboratory Reports Page (RQHR 312) or Blood Bank Report in transfusions section of client chart using adhesive tab. Client identification to remain with Albumin throughout entire transfusions process.
D. Commencing Albumin

**EQUIPMENT**

1. Documents (see APPENDICES for sample transfusion forms):
   - Albumin Administration Chart Appendix # 3
2. PPE
3. Albumin 5% or 25%
4. Alcohol swabs
5. N/S syringe
6. Pre-primed vented administration set (Appendix #4)
7. IV pump if required

**PROCEDURE**

1. Don PPE.
2. Remove seal to expose stopper on vial and scrub with alcohol swab.
3. Spike Albumin bottle at a 90° angle through the center circle of the stopper with pre primed tubing.
4. Invert and hang bottle on IV pole.
5. Squeeze drip chamber to ½ full.
6. Open vent on drip chamber.

   **NOTE:** This allows air to enter the bottle and ensures flow of Albumin.

7. Scrub Micro Clave® adapter port of IV access for 15 seconds with alcohol swab.
8. Access IV adapter with N/S syringe and flush IV access with 5 mL N/S.
9. Remove flush syringe.
10. Attach vented administration tubing to IV access.

   **NOTE:** Infuse or drain 15 mL of normal saline prime to ensure Albumin has reached the client prior to commencing infusion.

11. Commence infusion.

   **NOTE:** Infusion may be run by gravity, or on a pump (primary or secondary).
   - If infusing via secondary setting of pump, must use piggyback mode.
   - Albumin is compatible with all IV solutions.
   - When infusing albumin 25%, due to its hyperosmotic nature, the rate of infusion should not normally exceed 1 to 2 mL/minute (60-120 mL/hour). Rate must be adjusted to individual requirements (check practitioner order).
When infusion Albumin 5% the rate of infusion should not exceed 5 mL/minute (300 mL/hour).
For pediatrics:
  o Rate is usually 1 to 3 mL/min (check Practitioners order).
  o A pump is always used.
For infusion rates refer to Albumin Administration Chart – Appendix #3.

12. Obtain client’s vital signs (T, HR, BP, R, SpO2) and assess for signs of a transfusion reaction after 15 minutes and document.

NURSING ALERT:
- Severe transfusion reactions commonly occur within first 15 minutes of exposure to blood and blood products.
- Common transfusion reactions are due to:
  o Bacterial contamination.
  o Client allergy.
  o Physiological reactions, i.e. febrile.
- Transportation of a client should not occur during first 15 minutes of transfusion, except in emergency situation.
- An RN, RPN, NP, LPN, MF or Paramedic MUST accompany clients on all transportation while Albumin is infusing (i.e. tests/procedures, interfacility transfers etc.).

13. Obtain vital signs (T, HR, BP, R, SpO2) and document every hour, PRN and upon completion of transfusion.

NOTE: Albumin should be administered within 4 hours of issue from transfusions department.

If at 4 hours transfusion is not complete, contact transfusions department to ask about discontinuing infusion and see discard instructions as per Section F.

14. Document:
  • Date and time infusion commenced.
  • Lot number and product concentration.
  • Infusion site.

E. Transfusion Reaction (Actual or Suspected)

EQUIPMENT
1. Documents as required (see APPENDICES for sample transfusion forms):
   • Saskatchewan Hospitals Transfusion Adverse Event Report Form Appendix #9, 9a
   http://rhdintranet/Transfusions/public/AdverseEvents/AdverseEventInformation.htm
2. N/S IV Solution
3. IV tubing Plumset  # 313404 Gravity #313410
4. Oxygen tubing and Oxygen as required
5. Patient Identification
6. Plastic Blood Product Bag

NURSING ALERT:

- The following are common signs of a transfusion reaction:
  Early (first 1-2 hours):
  - Increased pulse
  - Hives or itching / allergic reaction
  - Temperature elevation >1°C
  - Hypo or hypertension
  - Chills
  - Dyspnea / hypoxemia
  - Notify Practitioner if symptoms present.
- Complete Saskatchewan Hospitals Transfusion Adverse Event Report Form whenever a client experiences a reaction or suspected reaction.

PROCEDURE

1. STOP TRANSFUSION IMMEDIATELY if a transfusion reaction is suspected Albumin administration set intact until further instruction.
2. Keep IV open with N/S in a NEW PRIMARY LINE to ensure no further Albumin is administered.
3. Obtain vital signs (T, HR, BP, R, SpO2) and document.

NURSING ALERT:

- Implement Code Blue and resuscitation for severe reactions as client symptoms indicate.

4. Apply supplemental oxygen if required.
5. Re-check client identification and Albumin.
6. Notify Practitioner and Transfusion Department for further instruction.
7. Return residual Albumin and tubing in plastic bag (clamped and capped) to transfusion department if discontinued.
8. Complete Saskatchewan Hospitals Transfusion Adverse Event Report Form whenever client experiences a blood reaction or suspected reaction and document on health record.
F. Following Administration of Albumin

EQUIPMENT

1. Plastic Blood product bag – Appendix #11
2. Alcohol swabs
3. N/S syringe flush (5-20 mL)

PROCEDURE

1. Flush administration tubing with IV solution to clear remaining Albumin (approximately 30 mL).
2. Discontinue the vented administration infusion set from client and discard.
4. Attach N/S flush to IV access.
5. Flush using 5 ml or see CVAD procedure for flushing post blood products.
6. Document:
   - Completion time of transfusion.
   - Volumes infused.
7. Retain empty Albumin bottle and client identification (can be sticker on bottle or Transfusions Record Tag) in designated area on ward for 12 hours post transfusion.
8. If no reaction occurs 12 hours post transfusion, discard glass bottle per unit protocol and shred white Transfusion Record Tag.
REFERENCES

Alberta Health Services (Sept 2013) Albumin (Human), 25%
http://www.albertahealthservices.ca/LabServices/wf-lab-clin-tm-albumin25.pdf

Albumin (Human), 25%/5% Solution, Summary Product Information, November 2014.


RQHR Procedure B.1 Blood Products Administration (2017)


http://web.b.ebscohost.com/nup/detail/detail?vid=12&sid=73eebb1e-fd83-4de2-88c0-10a224876b36%40sessionmgr102&bdata=JnNpdGU9bnVwLWxpc3Q9Y2xvY2F0aW9u

Revised by: Anita MacPherson
Date: September 2014

Revised by: Anita MacPherson, CNE & Lisa Roland, CNE
Date: September 2017 (Minor wording revisions, Appendices 1 & 9 Updated – 3Feb21)

Approved by:
Date:

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HEALTH SERVICES
CODE: B.1.2

4-Oct-17
Regina Qu’Appelle Health Region
Health Services
Nursing Procedure Committee

Approved: October 4, 2017
CONSENT/REFUSAL FOR ADMINISTRATION OF BLOOD/BLOOD COMPONENTS AND/OR PRODUCTS

We have discussed the risks of administration of blood/blood components and/or products as well as the nature, consequences, benefits, material risks, and the reasonable alternatives, including the consequence(s) of refusing the administration of blood. Our decisions are documented below.

Transfusion and Alternative Options as Selected by Patient/Substitute Decision Maker

All blood/blood components and/or products

☐ Accept    ☐ Refuse    ☐ N/A

Blood and Primary Components

☐ Red blood cells
☐ Plasma (frozen plasma)
☐ Platelets

Blood Component and/or Products

☐ Cryoprecipitate
☐ Albumin
☐ Rh immune globulin (WinRho)
☐ Immune globulins
☐ Plasma-derived purified clotting factors
☐ Fibrin sealants

Alternative Options

☐ Cell salvage
☐ Erythropoietin
☐ Intravenous iron
☐ Other: ____________________________

☐ Accept    ☐ Refuse    ☐ N/A

☐ BLOOD TRANSFUSION INFORMATION SHEET GIVEN TO PATIENT/SUBSTITUTE DECISION MAKER

This consent will remain valid per course of treatment up to 1 year or upon hospitalization discharge.*

Printed Name: ____________________________  (Printed Name of Physician/Authorized NP)

Signed: ____________________________  (Signature of Physician/Authorized NP)

Date: ____________________________  (DD/MM/YYYY)

Relationship to Patient: ____________________________

Telephone Permission Date: ____________________________

Witness: ____________________________  (Competent Adult)

* Duration of Consent

For the purposes of transfusion medicine in Saskatchewan, the duration of consent is for either one admission or, if a patient suffers from a chronic condition, for one course of treatment within 12 months, so long as the patient’s condition or medical knowledge in general about the condition has not significantly changed (approved by the Senior Medical Officer Committee on May 11, 2011.).

See reverse for Emergency Situation Consent
Emergency Situation Consent
For use when unable to obtain consent in an emergency situation

I, ____________________________, a member of the Saskatchewan Health Authority medical staff, state the physical or mental condition is such that the patient requires the immediate administration of blood or blood products and that:

1. The patient’s consent to the administration of blood or blood products is impossible to obtain because of incapability or incapacity of the patient.
2. If the patient does not have the legal capacity to consent and, the consent of any other person who may be legally capable of consenting for the patient concerning the purpose administration of blood or blood products is not possible to obtain due to such person’s unavailability or because I have been unable to identify or determine the existence of any such person.
3. The patient has not, to my knowledge, refused to consent to the purpose administration of blood or blood products.

I certify that delay in administering blood or blood products will seriously endanger the health or life of the patient.

____________________________  ______________________________  ______________________________
(1st Physician)                (2nd Physician)                (Date: DD/MM/YYYY)

Medical staff to indicate what efforts were made to obtain valid consent and why unobtainable: ____________________________

<table>
<thead>
<tr>
<th>Require Blood Products Consent</th>
<th>Do not require Blood Products Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Blood Cells, Leukocyte Reduced (LR), including washed and irradiated RBC</td>
<td></td>
</tr>
<tr>
<td>Platelets including apheresis and buffy coat-derived platelets (Pooled Platelets LR)</td>
<td></td>
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<tr>
<td>Plasma components including Apheresis Fresh Frozen Plasma, Frozen Plasma, Cryosupernatant Plasma, Cryoprecipitate, Solvent Detergent (S/D) Plasma</td>
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<tr>
<td>Albumin</td>
<td></td>
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<tr>
<td>Hyperimmune Globulins: Anti-D IG (WinRhio SDF), Anti-VZIG, Anti-HB2G, IMIG, Anti-CMV IG, Hepatitis A Immune Globulin</td>
<td></td>
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<tr>
<td>Immune Globulins, including intravenous (IVIG) and subcutaneous formulations</td>
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<tr>
<td>C1-Esterase Inhibitor</td>
<td></td>
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<tr>
<td>Prothrombin Complex Concentrates (octaplex, Beriplex)</td>
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</tr>
<tr>
<td>Factor Concentrates: Anti-Inhibitor Coagulant Complex (FEIBA NF) Antithrombin, FVII Special Access, FVIII/vWF (Humate-P, wilate), FIX, FXI Special Access, FXIII Special Access, Fibrinogen Special Access, Protein C Special Access</td>
<td>Factor Concentrates: rFVIIa (NiaStase RT), rFVIII (Advate, Helixate FS, Kogenate FS, Xyntha), rFIX (BeneFIX)</td>
</tr>
<tr>
<td>Fibrin Sealants: Tisseel, Evicel, Artiss</td>
<td></td>
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<tr>
<td></td>
<td><strong>BLOOD AND BLOOD PRODUCTS ADMINISTRATION CHECKLIST</strong></td>
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<tr>
<td></td>
<td><strong>Refer to Applicable Nursing Procedures (B.1, B.1.1, B.1.2, B.1.3, B.1.6)</strong></td>
</tr>
<tr>
<td>1</td>
<td>Practitioner Order Verified</td>
</tr>
<tr>
<td>2</td>
<td>Consent for Administration of Blood/Blood Products Signed</td>
</tr>
<tr>
<td></td>
<td>Yes – Proceed to #3</td>
</tr>
<tr>
<td>3</td>
<td>Patient Education Completed</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>Patient Identity Confirmed (2 Client Identifiers)</td>
</tr>
<tr>
<td></td>
<td>ID band</td>
</tr>
<tr>
<td>5</td>
<td>Crossmatch Results (Required for PRBC, Cryoprecipitate, Plasma, Platelets)</td>
</tr>
<tr>
<td></td>
<td>On chart</td>
</tr>
<tr>
<td>6</td>
<td>IV in place, IV Fluid</td>
</tr>
<tr>
<td></td>
<td>0.9% Sodium Chloride</td>
</tr>
<tr>
<td>7</td>
<td>Baseline Vital Signs (T, P, R, B, SpO₂)</td>
</tr>
<tr>
<td></td>
<td>Recorded within 30 minutes prior to initiation</td>
</tr>
<tr>
<td>8</td>
<td>Premeds</td>
</tr>
<tr>
<td></td>
<td>Ordered</td>
</tr>
<tr>
<td>9</td>
<td>Visual Inspection/Expiry Acceptable (If not acceptable, return to Transfusions Department)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Verbal Validation (Blood Unit Label, Blood Bank Report, Transfusion Record Tag &amp; Patient Armband) - Done at bedside by 2 appropriate designates) Note: It is not necessary to have Donor Unit # on Blood Bank Report</td>
</tr>
<tr>
<td></td>
<td>Name and Date of Birth</td>
</tr>
<tr>
<td></td>
<td>MRN/HIN and/or Transfusion Services Identification Number (TSIN)</td>
</tr>
<tr>
<td></td>
<td>Client ABO and Rh (required for cellular products)</td>
</tr>
<tr>
<td></td>
<td>Unit ABO and Rh (required for cellular products)</td>
</tr>
<tr>
<td></td>
<td>Unit # (verify Transfusion Record Tag and Blood Unit Label)</td>
</tr>
<tr>
<td></td>
<td>2 signatures on tag</td>
</tr>
<tr>
<td>11</td>
<td>Final Verification</td>
</tr>
<tr>
<td></td>
<td>Crossmatch tag verified with armband</td>
</tr>
<tr>
<td>12</td>
<td>Documentation</td>
</tr>
<tr>
<td></td>
<td>Transfusion initiated within 30 minutes of issue</td>
</tr>
<tr>
<td></td>
<td>Vital Signs (T, P, R, BP SpO₂)</td>
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<tr>
<td></td>
<td>Infused within 4 hours of issue</td>
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<tr>
<td></td>
<td>Pink copy of transfusion record tag affixed on chart</td>
</tr>
<tr>
<td>13</td>
<td>Transfusion Reaction (Algorithm Appendix 4a)</td>
</tr>
<tr>
<td></td>
<td>Adverse Reaction Noted – See Below</td>
</tr>
<tr>
<td></td>
<td>Transfusion stopped immediately</td>
</tr>
<tr>
<td></td>
<td>IV patency maintained with compatible fluid</td>
</tr>
<tr>
<td></td>
<td>Practitioner notified</td>
</tr>
<tr>
<td></td>
<td>Vitals signs taken every 15 minutes</td>
</tr>
<tr>
<td></td>
<td>Client identification And blood product re-checked</td>
</tr>
<tr>
<td></td>
<td>Transfusion Service/Lab notified</td>
</tr>
<tr>
<td></td>
<td>SK Transfusion Adverse Event Report form completed</td>
</tr>
<tr>
<td></td>
<td>No Adverse Reaction</td>
</tr>
<tr>
<td>14</td>
<td>Following Transfusion</td>
</tr>
<tr>
<td></td>
<td>Retain empty blood bag and white Transfusion Record Tag in designated area on ward for 12 hours post transfusion.</td>
</tr>
<tr>
<td></td>
<td>Remove white Transfusion Record Tag from blood bag after 12 hours and send to Transfusions Department</td>
</tr>
<tr>
<td></td>
<td>Discard empty blood bag after 12 hours into appropriate container</td>
</tr>
<tr>
<td>15</td>
<td>Notification of Blood and Blood Products (RQHR #425)</td>
</tr>
<tr>
<td></td>
<td>On chart with discharge planning</td>
</tr>
<tr>
<td>Blood Component</td>
<td>Uses</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Albumin (5% and 25%)</td>
<td>Restore and maintain circulating volumes. Replace volumes due to shock from burns, trauma, surgery or infection. To treat hypoproteinemia.</td>
</tr>
</tbody>
</table>

Route is via IV using gravity or Pump

Transfusions of all blood products must start within 30 minutes of issue.

Infusion rates should be prescribed by MRP. If no rate prescribed please follow the above guidelines for infusion times

Compatible with all IV solutions.
NOT Venting Tubing

Vented Tubing
Appendix 5 Request for Transfusion Services Requisition

Transfusions samples must be labelled with:
- Full name (First and Last)
- Date of Birth
- MRN (Use HSN only if MRN unknown)

Ordered by:
- Priority: □ STAT
□ URGENT
□ ROUTINE

Diagnosis:
- Reason for Request:
□ Surgery
□ Transfusion
□ On Hand

Type of输血 required:
- Collected by:
- Date and Time:

Patient History:
- Previous Transfusions
□ Yes
□ No
- Previous Pregnancies
□ Yes
□ No
- Currently pregnant
□

BLOOD GROUP & Rh:

ANTIBODY SCREEN:

OTHER:
- Date:
- Signature:

Testing Required
- Blood Group, Rh & Antibody Screen
- Blood Group & Rh (Confirmatory)
- Cord Testing
- Direct Antigobulin Test (Coombs)
- Transfusion Reaction Investigation
- Cold Agglutinin Testing

Blood Product Required
- Packed Cells
- Ped Packed Cells (ml)
- Platelets (Adult Dose)
- Ped Platelets (ml)
- Plasma
- Cryoprecipitate

Plasma Protein Products
- 25% Albumin # vials
□ 100 ml
□ 50 ml
- 5% Albumin # vials
□ 500 ml
□ 250 ml
□ 50 ml
- IVIG
- IVIG PPO 561 sent (Required prior to 1st dose)
- C1 Esterase Inhibitor
- Factor
- Dose
- Prothrombin Complex (PCC)
- PCC PPO 489 sent (Required prior to issue)
- Hepatitis B Vaccine
□ Adult
□ Pediatric
- Hepatitis B Immune Globulin (HBIG)

Other (Please State):

Approved: October 4, 2017
Regina Qu’Appelle
HEALTH REGION

Notification of Administration of Blood and/or Blood Products

Name: ____________________________
MRN: ____________________________

During your stay in the Regina Qu’Appelle Health Region you were given a human blood product.

If you have any questions regarding this product please contact your physician.

Discharge/Transfer

(Signature of person or substitute decision maker) (Date)

(Health Care Professional providing discharge or transfer documentation)

White - Health Records    Canary - Patient
Appendix 7
Pink Transfusion Tag

TRANSFUSION RECORD TAG

Regina Qu’Appelle
HEALTH REGION

TRANSMISSION PRODUCT SLIP

Name: BROKEN, L
Loc: PASQUA LAB
MR#: P00445
25% SA1b 100ml
Lot#: 4310000057
alburex
Exp.Date: 12/01/19

Amount: 1 units

Order#:098692335 Ord by Dr:LEDINGHAM DONNA
Appendix 8

Patient Identification Sticker (Attached to Albumin Bottle)
# Appendix 9a
## Adverse Events Form

### Saskatchewan Transfusion Adverse Event Report Form

**Reporting Facility Name:**

**Phone Number:**

**Fax Number:**

**Diagnosis:**

**Indication for Transfusion:**

**Category (choose one):**
- Hematology/BMT
- Oncology
- Medical
- Surgical
- Obstetrics/Gynecology
- Trauma
- Neonatal/Peds

### Clinical History

1. **Patient and Blood Component/Product Unique Identifier Verification (Clinical check)**
   - Pre-existing fever (T ≥ 38.0°C before transfusion)
   - History of pre-transfusion evidence of hypovolemia
   - Immune-compromised (specify):
   - Transfusion under GENERAL anesthetics
   - Transfusion under REGIONAL anesthetics
   - Transfusion pre-medication (specify):
   - Patient currently prescribed:
     - ACE inhibitor
     - Diuretic
     - Antibiotic(s) (specify):
   - History of transfusion:
     - No
     - Unknown
     - Yes (within 3 months)
     - Yes (> 3 months)
   - History of pregnancies/miscarriages:
     - No
     - Unknown
     - Yes (within 3 months)
     - Yes (> 3 months)

### Location, Date and Time of Transfusion Reaction

- Choose one: ICU, ER, Medical Ward, Surgical Ward, OR/Post Anesthesia Care, OB/Gyn, Outpatient, Chronic Care, Lab (Serologic)
- Date (dd/mm/yyyy):
- Time Transfusion Started:
- Time Reaction Occurred:
- Time Transfusion Stopped:
- Time Transfusion Restarted Only upon medical direction:
- Time Transfusion Completed:

### Vitals & Clinical Signs and Symptoms

<table>
<thead>
<tr>
<th>Pre-transfusion</th>
<th>Temp: °C (Fahrenheit)</th>
<th>BP:</th>
<th>Pulse:</th>
<th>Resp:</th>
<th>So2:</th>
<th>O2 Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>During reaction</td>
<td>Temp: °C (Fahrenheit)</td>
<td>BP:</td>
<td>Pulse:</td>
<td>Resp:</td>
<td>So2:</td>
<td>O2 Source:</td>
</tr>
<tr>
<td>Post-transfusion</td>
<td>Temp: °C (Fahrenheit)</td>
<td>BP:</td>
<td>Pulse:</td>
<td>Resp:</td>
<td>So2:</td>
<td>O2 Source:</td>
</tr>
</tbody>
</table>

### Clinical Signs and Symptoms (Check all that apply: attach medication record, nursing notes, physician notes, and transfusion administration record, if available)

- Fever (oral T ≥38°C AND ≥1°C rise above baseline temp)
- Unicats (hives)
- Pruritus (itching)
- Skin rash other than urticarial
- Dyspnea (shortness of breath)
- Headache
- Chills (sensation of cold)
- Rigors (vibratory shaking)
- Flushing
- Restlessness/anxiety

### Other relevant clinical information:

### Blood Component/Product(s) and Equipment Information (Attach sheet with additional information if needed)

<table>
<thead>
<tr>
<th>Blood Component/Product Type</th>
<th>Product ABO/Rh</th>
<th>Unit Number or Lot Number</th>
<th>Expiry Date (dd/mm/yyyy)</th>
<th>Volume Transfused (mL)</th>
<th>Transfusion Rate (mL/min)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Filters or Equipment Used</th>
<th>Standard blood filter</th>
<th>Other blood filter</th>
<th>IV pump</th>
<th>Blood warmer</th>
<th>Rapid infusion device</th>
</tr>
</thead>
</table>

### Measures Taken and Notifications

#### 5a. Transfusion Reaction Treatment Measures Taken (Check all that apply)

- None
- Analgesics
- Vasopressors
- Antithrombins
- Antibiotics
- Steroids
- Mechanical Ventilation
- Antipyretics
- Diuretics
- Supplementary O2
- Patient Blood Culture Ordered
- Chest X-ray
- Other Measures Taken Specify:

#### 6a. Notifications

<table>
<thead>
<tr>
<th>Physician Name:</th>
<th>Date/Time:</th>
<th>TMS/Lab Name:</th>
<th>Date/Time:</th>
<th></th>
<th>Designation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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*Appendix # 9 = Saskatchewan Transfusion Resource Manual - Version May 26, 2020*
### Appendix 9b
Adverse Events Form Reverse Side

**Patient Demographics**
- Patient Legal Last Name: 
- Patient Legal First Name: 
- HSNARN: 
- Date of Birth (dd/mm/yyyy): 
- Gender: Male, Female, Unknown

**Health Services Code:** B.1.2

### 7. Laboratory Investigation and Notifications
- **Type of previous reaction:**
  - None
  - Unknown
  - Yes (within 3 months)
  - Yes (>3 months)

#### 7b. Investigation Required
- Lab Clinical Check
- Visual Plasma Check
- No serological investigation needed
- DSTR
- Level 1
- Level 2

#### 7c. Lab Results (attach all reports with the results of completed investigations, where applicable)

<table>
<thead>
<tr>
<th>Level 1 Investigation</th>
<th>Pre-transfusion Result</th>
<th>Post-transfusion Result</th>
<th>Level 2 Investigation</th>
<th>Pre-transfusion Result</th>
<th>Post-transfusion Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Clinical Check</td>
<td>q pass, q fail</td>
<td></td>
<td>DAT</td>
<td>q negative, q positive</td>
<td></td>
</tr>
<tr>
<td>Visual Plasma Check</td>
<td>q negative, q positive</td>
<td></td>
<td>ABO/Rh</td>
<td>q patient, q RBC unit</td>
<td></td>
</tr>
<tr>
<td>DAT</td>
<td>q negative, q positive</td>
<td></td>
<td>Ab Screen</td>
<td>q negative, q positive</td>
<td></td>
</tr>
<tr>
<td>Patient Blood Group</td>
<td>q positive</td>
<td></td>
<td></td>
<td>q positive</td>
<td></td>
</tr>
<tr>
<td>Patient ALGPHA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient ABOO6s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 8. Review of Investigation & Conclusion (based on 2007 PHAC definitions)
- No transfusion reaction
- FHN
- q Minor allergic
- q Severe allergic/anaphylactic
- q Anaphylactic shock
- Incompatible transfusion
- q Intentional
- q Unintentional
- q ABO System Anti-
- q Other System Anti-
- Acute hemolytic reaction
- q Delayed hemolytic reaction
- q Delayed serological transfusion reaction (DSTR)
- q Hypersensitivity

#### 8.1.1 Risk factors:
- q CBS TRALI criteria met 1+2+3+4:
- q CBS TRALI form sent

#### 8.1.2 Cause of Transfusion Reactions:
- q Acute reversible (IVIG related)
- q IVIG headache
- q IVIG associated hemolysis
- q Unknown
- q Other (specify)

#### 8.2 Implication of Transfusion Reaction:
- q Donor/product infected
- q Yes
- q No
- q If yes, specify organism:

### 10. Comments and Recommendations

### 11. Conclusion Sign Off

- **SK TM Consultant:** Signature: 
  - Name (print): 
  - Date: 

For cases reported to Health Canada:
- **Local TM Medical Director/Pathologist:** Signature: 
  - Name (print): 
  - Date: 

**Reportable to PHAC:** q Yes, q No

**SK TISS Number:** 

**CNPHP Number:** 

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