Protocol: ORDERING TRANSFUSIONS

A. DEFINITION
Ordering the administration of whole blood or blood components i.e., red blood cells, fresh frozen plasma, platelets and cryoprecipitate.

NOTE: Transfusion orders generally consist of at least two parts: the blood component order directed to Blood Bank staff, e.g. "Type and cross 2 units of RBC", and the order to administer the ordered components usually intended for nursing staff, e.g. "transfuse 2 RBC units at the patient's next outpatient visit on (date). These orders may be written at the same time or sequentially.

1. Location to be performed: Inpatient, outpatient setting, ICU or Emergency Department.

2. Performance of procedure:
   a. Indications
      1. Anemia
      2. Thrombocytopenia or platelet dysfunction
      3. Coagulation factor or other plasma protein deficiencies not appropriately correctable by other means.
   b. Precautions
      1. Blood and blood components must be given according to SFGH guidelines.
      2. Emergency exchange transfusion orders are not covered by this standardized procedure. – these must be countersigned by the responsible physician.
      3. If (relative) contraindications to transfusion exist (see below) the decision whether to transfuse or not must be discussed with the responsible physician.
   c. Contraindications
      Absolute: none
      Relative: Immune cytopenias, such as autoimmune hemolytic anemia, idiopathic thrombocytopenic purpura (ITP), thrombotic thrombocytopenia purpura (TTP), heparin-induced thrombocytopenia (HIT). In these conditions transfusions should be withheld, unless necessitated by serious bleeding, deteriorating medical condition attributable to anemia, or high risk of either condition occurring.

B. DATA BASE
1. Subjective Data
   a. History and review of symptoms relevant to the presenting complaint and reason for transfusion.
   b. Transfusion history, including prior reactions, minor red cell antibodies and allergies.
2. Objective Data  
   a. Physical exam relevant to the decision to transfuse.  
   b. Laboratory evaluation.  
   c. All Point of Care Testing (POCT) will be performed according to SFGH POCT policy and procedure 16.20.

C. DIAGNOSIS  
Assessment of subjective and objective data to direct transfusion therapy and identify contraindications to transfusion.

D. PLAN  
1. Therapeutic Treatment Plan  
   a. Patient consent must be obtained before writing transfusion orders.  
   b. Outpatients must be provided with post-transfusion instructions. (SFGH Form).  
   c. Appropriate post-transfusion laboratory studies are ordered to assess therapeutic response.  
   d. Referral to physician, specialty clinics and supportive services as needed,

2. Patient conditions requiring Attending Consultation  
   a. Acute decompensation of patient situation.  
   b. Unexplained historical, physical or laboratory findings  
   c. Uncommon, unfamiliar, unstable, and complex patient conditions  
   d. Upon request of patient, NP, PA, or physician

3. Education  
Discharge information and instructions, post-transfusion orders for outpatients.

4. Follow-up  
As appropriate for patients condition and reason transfusions were given.

E. RECORD KEEPING  
Patient visit, consent forms, and other transfusion-specific documents including completed transfusion report form and “blood sticker” will be included in the medical record, ICIP, LCR and other patient data bases, as appropriate. For physician assistants, using protocols for supervision, the supervising physician shall review, countersign and date a minimum of five (5%) sample of medical records of patients treated by the physician assistant within thirty (30) days. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent in his/her judgment the most significant risk to patients.
F. Summary of Prerequisites, Proctoring and Reappointment Competency

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<th>Prerequisite:</th>
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<td>a. Successful completion of the San Francisco General Hospital Transfusion Training course.</td>
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<td>b. Successful completion of Transfusion Training course test on blood ordering and informed consent.</td>
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<td>c. Must have an 80% test score on both examinations.</td>
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<th>Proctoring Period:</th>
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<tr>
<td>a. Read and Sign the SFGH Administrative Policy and Procedure 2.3 “Informed Consent Prior to Blood Transfusion and Counseling of Patients about Autologous and Designated Blood Donation Options”.</td>
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<td>b. Read SFGH Transfusion Guidelines in Laboratory manual.</td>
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<td>c. Documentation of 1 countersigned transfusion order and review of documentation in the patient medical record.</td>
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<th>Reappointment Competency Documentation:</th>
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<td>a. Completion of the two education modules and completion of the two examinations with a passing score of 80%.</td>
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<td>b. Performance of 2 transfusion every 2 years and review of 2 medical records every 2 years.</td>
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<td>c. Review of any report from the Transfusion Committee.</td>
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<td>d. Evaluator will be the medical director or other designated physician.</td>
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