05-1002 – Continuation of Pre-existing Blood Transfusion

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

Definition

This protocol module is considered paramedic local optional scope. Prior to any provider utilizing this skill they need to have taken the appropriate training, skill verification test, and results sent to Nor-Cal EMS. Training on this protocol and skill shall be yearly.

Interfacility Transfer Critieria

1. Physician order must meet EMTALA requirements and a copy must accompany the Paramedic.
2. Any transfusion that is anticipated during transfer must be initiated prior to the patient leaving the transferring facility. No paramedic may be allowed to initiate blood transfusions.
3. When communication cannot be established, or the delay would affect patient care and outcome the Paramedic will follow policy for radio failure.
4. If the Paramedic feels the patient's level of care is out of his/her ability to safely transport, he/she may refuse the transfer.
5. It is expected that transport personnel be knowledgeable in the operation of specific Blood delivery/warming device(s) (pumps/auto syringes, etc.)
6. Precautions:
    a. Do not mix blood products with 5% dextrose solution.
    b. Do not mix blood products with lactated ringers solution.
    c. Do not mix blood products with other medications
    d. Always have a second IV line available.

Procedure

1. Confirm with the sending nurse when assuming the infusion, the patient's identity using patient ID band and the blood for order by name, blood type and unit identifying number.
2. Always obtain an accurate measurement of the patient's vital signs.
3. This must include, temperature, blood pressure, heart rate, respiratory rate, and oxygen saturation.
4. Document these before infusion starts, during and post infusion and during the infusion of blood products.
5. The vitals should be obtained every 15 minutes after start of infusion. More frequently if indicated clinically.
6. Confirm physician transfer orders including but not limited to transfusion rate.
7. The patient must have a second IV other than the one where the blood transfusion is running.
8. Blood should be administered through a macropore intravenous filter.
9. Patient needs to be on a cardiac monitor, blood pressure device and oximetry.
10. Observe for signs and symptoms of any transfusion related reaction.
11. Hemolytic reactions may occur. Stop the infusion immediately and give normal saline bolus of 500 ml normal saline immediately. Always use a new tubing for the saline bolus.
12. Febrile Non-Hemolytic reactions may occur. Take the patient temperature and stop the infusion. Decrease the normal saline to a keep vein open rate.
13. Allergic and anaphylactic reactions may occur. Treat these according to the appropriate protocol. Immediately stop the infusion if this occurs.
14. Patient may experience circulatory and/or volume overload secondary to blood infusion. Keep the oxygenation equal to or greater than 92%. If remaining transport greater than 45 minutes, consider Lasix 20 mg IV dose.
15. Hypocalcemia may occur resulting in arrhythmias and hypotension. Stop the infusion and notify base immediately. The transferring or receiving physician may order the administration of calcium 1 gm IV slowly. If unable to reach the base hospital, then follow radio failure protocol.

16. Hyperkalemia may occur secondary to blood infusion. This can be manifested by flaccidity, bradycardia, EKG changes and potential cardiac arrest. Perform a 12 lead EKG immediately. Consult with transferring and/or receiving physician if available via radio to administer Albuterol continuously and/or sodium bicarb 1 ampule IV.
17. The patient may experience hypothermia from blood infusion. Stop or slow the infusion and warm the patient immediately. Obtain a 12 lead EKG immediately to look for arrhythmias such as bradycardia.
18. If a complication occurs, contact the transferring or receiving physician.
19. If a reaction or complication occurs save the blood product for further testing at the receiving facility.
20. Monitor blood infusion, maintain rate, shut off or discontinue only.
21. Document any observations or reactions on PCR Form and form that comes with the blood.