

TRANSFUSION MEDICINE DEPARTMENT HOSPITAL TENGKU AMPUAN RAHIMAH, KLANG

TRANSFUSION PRACTICE GUIDELINES FOR HOUSE OFFICER

2nd FEBRUARY 2024

Version 1.0

TABLE OF CONTENT

| No | | Page |
|----|---|-------|
| 1 | Introduction | 3 |
| 2 | Lists of Service | 3 |
| 3 | Request Forms | 3 |
| 4 | Specimen Collection - Ordering Blood for Transfusion | 4 |
| 5 | Group Screen & Hold | 5 |
| 6 | Emergency Transfusion - Safe O - 1 st Stage - MTP | 5-7 |
| 7 | Specimen Rejection | 8 |
| 8 | Issue, Collection, Storage & Transport to Ward | 9-10 |
| 9 | Guidelines of Administration of Blood & Blood Components | 11-13 |
| 10 | Transfusion Reaction Guideline | 14-17 |
| 11 | Guidelines on Transfusion of Blood & Blood Component in Rh(D) Negative Patient | 18 |
| 12 | ABO Compatibility of Blood Products | 18 |
| 13 | Appendix | 19-29 |
| 14 | References | 30 |

TRANSFUSION MEDICINE

1. INTRODUCTION

Blood transfusion is a medical procedure that involves transferring blood or blood components from one person (donor) to another (recipient). It is crucial for treating various conditions such as severe anemia, surgical bleeding, trauma and certain medical conditions affecting blood cells. The goal is to replace lost blood or provide specific blood components like red blood cells, plasma or platelets to improve the recipient's health. Strict compatibility testing is essential to prevent adverse reactions.

2. LISTS OF SERVICE

- Blood Transfusion Services which encompasses transfusion laboratory testing and clinical transfusion consultations.
- Supply of safe blood and blood products to Hospital Tengku Ampuan Rahimah, Hospital Shah Alam, Hospital Banting, Hospital Tanjung Karang, Hospital Sabak Bernam, and nearby private hospital patients.

3. <u>REQUEST FORMS</u>

- PER-SS-BT 105 (PIND. 1/2016) form to be filled thoroughly upon request for all blood and blood products. (Refer page 17)
- PER-PAT 301 form to be filled with significant clinical history upon request for antibody identification. (Refer page 18)
- The form must be completely filled and clearly written. FOR URGENT TEST, please indicate STAT/URGENT on UPPER SIDE of the request form.

4. SPECIMEN COLLECTION

ORDERING BLOOD FOR TRANSFUSION

Most transfusion errors are due to clerical mistake when specimen is taken from the patient or when blood is administered. The precautions given in this section are extremely IMPORTANT.

A. Patient identification and blood sampling for compatibility testing

The ordering doctor must ensure the following:

- (a) The patient must be correctly identified. The doctor taking the blood specimen must ask the patient to state their full name and IC number/ Passport (use of at least 2 identifier) in **open ended question** such as "Can you tell me your full name and IC number?". This information must be checked against the case notes and/or wristband/ identification card.
- (b) If it is not possible to identify the patient in the above manner (e.g. in case of unconscious patient, pediatric patients or in case of emergencies), the doctor shall identify the patient by asking the relative or carer to name the patient, check patient'swristband and then check against the case notes/identification card.

B. Labeling the specimen

- (a) The specimen must be labeled with legible and readable handwritten labels.
- (b) The person who takes the blood from the patient has to take full responsibility in ensuring that the blood specimen is placed in the correct tube.
- (c) The process of taking and labeling of blood samples shall be carried out as ONE process by ONE person at the bedside.
- (d) Never label specimen for 2 or more patients at the same time.

C. Blood specimen requirement for elective surgery/transfusion

- (a) Specimen should be sent to Transfusion Medicine Laboratory during OFFICE HOUR.
- (b) The following is requirement for blood specimen sent for grouping and compatibility testing :
 - Specimen from infants less than 4 months of age
 - Infant : 1.5 2.0 ml blood in EDTA tube (paeds)
 - Mother : 3 5 ml blood in EDTA tube
 - The sample from the infant and the mother should be sent together under a single request.
 - > Specimen from patients above 4 months of age: 3 5 ml blood in EDTA tube

- **D.** Blood sample requirement for blood component such as platelets, fresh frozen plasma and cryoprecipitate
 - (a) A new request for blood component other than red cells shall be accompanied by a blood sample taken in EDTA tube if no previous record in BBISv2.

5. GROUP, SCREEN AND HOLD (GSH)

The aim of Group, Screen and Hold (GSH) is to control the quality of blood, maximized the use of blood and screening for the presence of alloantibody which can cause incompatibility. GSH consists of an ABO and RhD group and an antibody screen on the patient's plasma. Plasma is retained for 3 days in the Transfusion Medicine Laboratory in the event that cross-matching blood is required at a later stage.

6. <u>EMERGENCY TRANSFUSION</u>

A. Group O Rh(D) positive packed cells are used as Safe O (uncross-matched group O Rh(D) Positive Packed Cells) in emergency cases only.

- (a) In life threatening situations, clinicians can make the decision to transfuse group O Rh(D) positive packed cells for resuscitation which is available in Transfusion Medicine Laboratory, ED and Maternity OT.
- (b) Decision to transfuse uncross-matched group O Rh(D) positive blood must only be made by the specialist only and after the clinician has fully assessed the patient's condition. The decision should not be made in haste.
- (c) The requesting clinician must fill the 'Safe O form' and signed.

B. 1st Stage

- (a) Should only be requested when transfusion is necessary and required immediately. (Need to call MO bloodbank oncall for code)
- (b) Emergency blood crossmatching will be done only at RT, compatible blood will be released after 30 minutes (TAT).
- (c) After releasing the blood, MLT will proceed with crossmatch at 37°C and AHG phase. Any incompatibility during the crossmatching will be immediately notified to the clinician by phone call concerning the transfusion risk and intervention.

C. Massive transfusion protocol (MTP)

- (a) Massive Transfusion Protocol is a locally agreed guidelines among that include clinical, laboratory, blood bank and other logistic responses.
- (b) Massive Transfusion definition:
 - Transfusion of ≥ 10 PC units, which approximates the TBV of an average adult patient, within 24 hours
 - Transfusion of > 4 PC units in 1 hour with anticipation of continued need for blood product support.
 - Replacement of 50% of the TBV by blood products in 3 hours

(c) MTP activation criteria:

- Estimated blood loss > 30% of blood volume (>1.5L) within 3H or > 150ml/min
- Persistence of class III shock despite of 2L of fluid resuscitation (1L crystalloid & 1L blood)
- Trauma-Associated Severe Haemorhage (TASH) > 16
- (d) Activation and cessation of MTP should be clearly communicated to all relevant teams (Can refer to Massive Transfusion Protocol, 1st March 2023 edition)

*** SAFE O / 1ST STAGE / MTP **NEED** TO WAIT AT COUNTER!!!!

MTP FLOWCHART



7. SPECIMEN REJECTION

Refer Appendix D-K

- Sample grossly lysed
- Insufficient sample (Less than 4ml)
- Sample leaking/spillage
- ➢ Wrong container
- Pre-printed label
- Illegible hand-writing
- > Changes on patient's particulars without signature/initial
- There are discrepancies between information on the sample label and the request form
- Usage of micropore for labeling
- Incomplete label on sample (Example : Name/IC)
- Incomplete request form
- ➢ No carbon-copy of request form
- > Double sticker on sample
- > No doctor's signature and official stamp by requesting doctor
- Any reasons that affect the sample's integrity (Example : Sample taken more than 4 hours)

8. ISSUE, COLLECTION, STORAGE AND TRANSPORT TO WARD



*For collection of remaining reserved blood at blood bank

MUST SEND COPY GXM FORM & NEW COLLECTION SLIP TO COLLECT THE BLOOD

The person collecting the blood/ blood components must bring appropriate storage containers according to the blood components.

| Component | Transport Box | |
|---|---|--|
| Red Cell (All types of red cell) | Insulated box with coolant pack Direct contact with coolant need to be AVOIDED | Should be transfused within 30 minutes of removal from blood refrigerator, and each unit of red cells transfusion shall not exceed 4 hours |
| Platelet | Insulated box with NO ICE | Should be transfused IMMEDIATELY (cannot be reserved) |
| Thawed FFP/Cryoprecipitate /Cryosupernatant | Insulated box with coolant pack Direct contact with coolant need to be AVOIDED | Fresh frozen plasma ➢ Once thawed, may be stored at 4 +/- 2°C in an approved temperature-controlled blood refrigerator before administration to patient as long infusion completed within 24 hours thawing. ➢ Transfusion should be completed within 4 hours of issue out of controlled temperature environment Cryoprecipitate ➢ Once thawed, must not be refrozen and should be used IMMEDIATELY |

9. <u>GUIDELINES OF ADMINISTRATION OF BLOOD AND BLOOD</u> <u>COMPONENTS</u>

A. Identification check of intended recipient.

- (a) A generated Recipient Card label (PPDK) will be attached to the blood and blood components supplied from the blood bank. On the card, there will be information of the patient and blood.
- (b) The information provided must be checked carefully with the patient's identification details. The blood or blood components should not be transfused if the spelling of the patient's name or the identification number of the patient does not match exactly with the details given on the blood pack.
- (c) Before you give the blood or blood components to a patient:
 - > Confirm patient's name, identification number, registration number, ward by :-
 - ✓ Asking the patient or relative to confirm the patient's name via open ended question
 - ✓ Checking:
 - The patient's note including the wristband
 - The generated Recipient Card label (PPDK 1 card)
 - PER-SS-BT 105 (PIND.1/2016) form
 - Confirm that the blood or a blood product is compatible by checking the blood group on:
 - ✓ Blood bag label
 - ✓ The generated Recipient Card label (PPDK 1 card)
 - ✓ PER-SS-BT 105 (PIND.1/2016) form
 - > Check expiry date and conditions of the blood or plasma on the blood bag.

B. Blood Administration sets

(a) ALL Blood and blood components shall be transfused through blood administration set containing special IV tubing with integrated filter to remove blood clots and particles.

(b) The tubing of administration set shall ONLY be primed with 0.9% NaCl or with blood component itself

(c) If administration set has previously been used for transfusion of red cells, it shall NOT be used for transfusing platelet. A fresh transfusion set shall be use



C. Observe patient according to Transfusion Practices Guidelines for Clinical and Laboratory Personnel 4th Edition, Jun 2016

- (a) Parameters to be monitored shall include:
 - Blood pressure.
 - > Pulse rate.
 - > Temperature.
 - Clinical features of acute transfusion reactions.
- (b) The vital signs shall be monitored and recorded:
 - Before starting transfusion.
 - During the transfusion (Close observation & monitoring for the first 5 to 10 minutes, and subsequently half hourly and then hourly. Perform vital sign monitoring every 15 minutes for unconscious patients receiving transfusion)
 - > After completion of transfusion.
- (c) If there is any complain or sign & symptoms of transfusion reaction, STOP transfusion immediately, ASSESS the patient and follow transfusion reaction guideline.

D. Record keeping

- (a) Details of all blood component infused must be written in patient's case record.
- (b) On completion of blood transfusion, ward personnel must ensure that the Recipient Card (PPDK) attached to each bag of blood is completely filled.
- (c) A copy of blood request form shall be kept with patient's case notes.

E. Used blood or remnants of blood

(a) Blood discontinued for any reason must not be used again and must be returned to blood bank. The Recipient Card (PPDK) must be returned to Blood Bank with details of the transfusion, amount of blood infused and the reasons for discontinuing the transfusion



10. TRANSFUSION REACTION GUIDELINE



TRANSFUSION REACTION CHECKLIST

1) To send in the TRANSFUSION REACTION KIT BOX to blood bank (immediately):

- Transfusion-related adverse event form BTS/HV/3/2016 (to fill up completely from section A to Section I)
- Patient's blood sample in EDTA tube (5-10 mls) with PER-PAT 301 lab form and full history. For baby less than 4 months old to send 2 EDTA baby tube (0.5ml each) with mother's sample. (For Coombs test)
- Blood bag involved (sealed in Biohazard disposal yellow bag with cable tie given)
- PPDK card (put in Biohazard specimen bag given)
- Any inquiry, please call Blood Bank MO oncall

2) To send to pathology lab:

Other blood investigations (refer to table below)

| Transfusion reaction | n signs and symptoms | Blood investigations to be taken |
|--------------------------------------|---|--|
| Minor (any ≥ 1 of these symptoms) | Increase temperature more than 1°C but less than 2°C Chills/rigor Urticaria/rashes/pruritus | Coombs test only |
| | Increase temperature more than 2°C | Coombs test Blood C&S |
| Major (any ≥ 1 of these symptoms) | Dyspnea/hypoxia Pain (loin, back, chest) Hypo/hypertension Jaundice Haemoglobinuria Severe allergic reaction | Coombs test FBP LFT, AST, LDH ABG UFEME Chest x-ray |

A

A. Transfusion Reaction Kit Box

Consists of (Transfusion-Related Adverse Event Form, PER PAT Lab Form, 1 EDTA, 2 Biohazard specimen bag, Yellow Disposable Biohazard bag, Cable tie)

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B. Classification of Transfusion Reaction

| | Acute (< 24 hours of transfusion) | Delayed (>24 hours of transfusion) |
|-----|--|---|
| | Immune | Immune |
| > | Febrile Non-Haemolytic Transfusion Reaction (FNHTR) - **most common | Delayed Haemolytic Transfusion Reaction Transfusion Associated Graft Versus Host Disease (TA GVHD) |
| AAA | Allergic Reaction - **most common Acute Hemolytic Transfusion Reaction Transfusion-Related Acute Lung Injury (TRALI) Anaphylaxis/Anaphylactoid Reactions | Post Transfusion Purpura (PTP) Immunomodulation/suppression Alloimmunization |
| | Non-immune | Non-immune |
| A | Transfusion Associated Circulatory Overload (TACO) Bacterial Contamination/Septic Transfusion Reaction | Transfusion Transmitted Infection (TTI) Transfusion Associated Haemosiderosis |
| | Transfusion Associated Dyspnoea (TAD) Hypotensive Transfusion Reaction | |

** MOST COMMON

C. Febrile Non-Hemolytic Transfusion Reactions (FNHTR)

- Defined as temperature increase of more or equal to 1°C associated with transfusion and without any other explanation.
- It is due to anti-leucocyte antibodies in those previously immunized by pregnancy or previous transfusion. FNHTR may also be the result of accumulated cytokines in a cellular blood component.
- Temperature rise may begin early during transfusion or delayed in onset for up to four hours after completion
- In severe cases, symptoms may include shivering, flushing, palpitations, tachycardia, headache and rigors.
- If FNHTR occurs during transfusion, it can be managed by stopping the transfusion and giving an antipyretic. Blood culture should be taken if bacterial contamination is suspected.

D. Allergic Transfusion Reaction

(a) Mild

- Urticaria, rash, flushing or itchiness with no other symptoms. Usually caused by hypersensitivity to allergens or plasma proteins in the transfused unit.
- Transfusion should be stopped temporarily while an antihistamine is administered. Transfusion may then be resumed with slow transfusion and close monitoring if there is no progression of symptoms after 30 minutes.

(b) Moderate

- ➢ Wheezing/angioedema with or without flushing, urticaria or rash but without respiratory compromise or hypotension.
- Give antihistamine by slow intravenous injection, oxygen therapy, IV hydrocortisone (may require), salbutamol nebulizer can also be given for respiratory symptoms
- For patients who had moderate/frequent mild allergic reaction following transfusion, can give oral antihistamine 30 minutes before transfusion. If antihistamine insufficient, can administer hydrocortisone 1 hour prior transfusion.
- (c) Severe
 - Within few seconds or minutes after transfusion started. Can present with severe hypotension, cough, bronchospasm, laryngospasm, angioedema, urticaria, nausea, vomiting, diarrhea, shock and/or loss consciousness.
 - Stop transfusion immediately. Follow anaphylaxis management flowchart.

11. GUIDELINES ON TRANSFUSION OF BLOOD AND BLOOD COMPONENT IN Rh(D)-NEGATIVE PATIENT

In elective cases involving Rh(D) negative patient, the treating clinician shall inform the blood bank the case at least 7 days prior to the procedure that may require transfusion. This notification is essential to allow the hospital blood bank enough time to source for the required blood.

In emergency situation, where ABO group specific Rh(D) negative blood is not available in time, the blood bank may issue, in order of preference:

- ➢ Group O Rh(D) negative blood, or
- ABO group specific Rh(D) positive blood, only if the patient does not have pre-formed anti-D. This shall be done only after discussing with and agreed by the treating clinician and Transfusion Medicine Specialist.

12. ABO COMPATIBILITIES OF BLOOD & BLOOD PRODUCTS

| PACKED | PATIENT A | PATIENT B | PATIENT O | PATIENT AB |
|--------|--------------|--------------|--------------|--------------|
| CELL | | | | |
| Α | \checkmark | Х | X | \checkmark |
| В | Х | \checkmark | Х | \checkmark |
| 0 | \checkmark | \checkmark | \checkmark | \checkmark |
| AB | Х | Х | Х | \checkmark |

| PLATELET | PATIENT A | PATIENT B | PATIENT O | PATIENT AB |
|----------|----------------------|------------------|----------------|------------|
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| FFP/CRYO | PATIENT A | PATIENT B | PATIENT O | PATIENT AB |
|----------|--------------|--------------|--------------|--------------|
| Α | \checkmark | Х | \checkmark | Х |
| В | X | \checkmark | \checkmark | Х |
| 0 | Х | Х | \checkmark | Х |
| AB | \checkmark | \checkmark | | \checkmark |

<u>Appendix A</u>

EXAMPLE OF COMPLETE GSH FORM

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<u>Appendix B</u>

PER-PAT 301 FORM FOR ANTIBODY IDENTIFICATION

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Appendix C

EXAMPLE OF SAFE O FORM

| Jabatan: | Medica | 1 | Wad: 8A | 1 |
|-------------------|-----------------|----------------------|-----------------------------|------------------------|
| Nama Pe | sakit: Karin | n Bin A | hmed | |
| No. K/P: | 44 08 | 0810 5222 | No. RN: | 36040 |
| | | Bil. Dipohon | Bil. Dibekalkan | Bil. Diterima & Disema |
| Safe | 0 | 2 | | |
| PENTING 1. Pre | e-transfusion s | ample 5ml diambil se | belum melakukan transfusi i | darah Safe O. |

<u>Appendix D</u>

EXAMPLE OF REJECTION SAMPLE

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<u>Appendix H</u>





PRE PRINTED LABEL

<u>Appendix I</u>



INAPPROPRIATE LABELLING

<u>Appendix J</u>



SENDING EMPTY TUBE WITHOUT BLOOD SAMPLE

<u>Appendix K</u>





REFERENCES

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