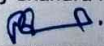
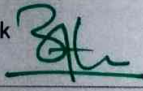



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POLICIES & PROCEDURES ON RATIONAL USE OF BLOOD & BLOOD PRODUCTS & ITS TRANSFUSION

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,**  
**GUWAHATI**



<b>Document Name:</b>	POLICIES & PROCEDURES ON RATIONAL USE OF BLOOD & BLOOD PRODUCTS & ITS TRANSFUSION
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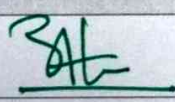
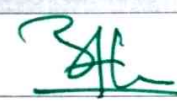


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### Control of the Manual

1. The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.
2. The holder of the copy of this Manual shall maintain it in current status by inserting latest amendments as and when the amended versions are received.
3. Administrative Manager is responsible for issuing the amended copies to the copyholders, the copyholder should acknowledge the same and he /she should return the obsolete copies to the Administrative Manager.
4. The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.
5. The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

The authority over control of this manual is as follows:

Preparation	Approval	Issue
		

The procedure manual with original signatures of the above on the title page is considered as 'Master Copy', and the photocopies of the master copy for the distribution are considered as 'Controlled Copy'.

### Distribution List of the Manual

Sr. No.	Designation
1.	Executive Director
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## Contents

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2.0	Scope
3.0	Responsibility
4.0	Abbreviations
5.0	Reference
6.0 - 7.0	Policy and Procedure
8.0	Record Generated

## COP 3 – POLICIES & PROCEDURES ON RATIONAL USE OF BLOOD & BLOOD PRODUCTS & ITS TRANSFUSION

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### 1.0 PURPOSE

To define and implement policies for the rational, safe, and appropriate use of blood and blood products in order to maximize clinical benefit and minimize risk to patients.

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### 2.0 SCOPE

This policy applies hospital-wide to all blood and blood product transfusion services, including OPD, IPD, ICU, OT, Emergency, and Day Care areas.

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### 3.0 RESPONSIBILITY

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- Treating Consultants
- Resident Medical Officers (RMO)
- Nursing Staff
- Blood Storage Unit
- Hospital Transfusion Committee

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#### 4.0 ABBREVIATIONS

NABH – National Accreditation Board for Hospitals and Healthcare Providers  
COP – Care of Patients  
ACLS – Advanced Cardiac Life Support  
BLS – Basic Life Support  
NACO – National AIDS Control Organization  
NOK – Next of Kin  
UHID – Unique Hospital Identification Number  
WHO – World Health Organization

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#### 5.0 REFERENCE

- 5.1 NABH – Pre-Accreditation Entry Level Standards for Hospitals, First Edition, April 2014  
5.2 Drugs and Cosmetics Act, 1945 and Rules (Part XB & XII-B)  
5.3 NACO Guidelines – Standards for Blood Banks & Blood Transfusion Services

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#### 6.0 POLICY

##### 6.1

All activities related to blood transfusion shall comply with the Drugs and Cosmetics Act, 1945 and NACO guidelines.

##### 6.2

Blood transfusion is a potentially hazardous procedure and shall be undertaken **only when the expected clinical benefit outweighs the potential risks.**

##### 6.3

Blood and blood components shall be processed and issued only by licensed Blood Banks / Blood Storage Units and handled by trained and authorized personnel.

##### 6.4

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No blood or blood component shall be issued without a valid written requisition from authorized medical staff.

**6.5**

Informed consent for transfusion shall be obtained by the nursing staff after explaining benefits and risks.

**6.6**

All transfusions shall be monitored for adverse reactions (haemolytic and non-haemolytic), documented, and managed appropriately.

**6.7**

All blood bags issued are traceable. Once issued, blood bags shall **not be accepted back** by the Blood Storage Unit.

**6.8**

In emergency situations, blood shall be issued after cross-matching as per protocol.

**6.9**

All blood samples and used blood components shall be discarded as per **Biomedical Waste Management Rules**.

**6.10 Applicable Laws and Regulations**

- Drugs and Cosmetics Rules, 1945 (Part XB & XII-B)
- NACO Standards for Blood Banks & BTS (2007)

**6.11 Training of Staff**

- Hospital Transfusion Committee is responsible for staff training
- All personnel involved in transfusion services receive periodic training

**6.12 Mode of Training**

This policy document is available at nursing stations, ICUs, OTs, blood storage units, and with Nursing Superintendent.

**6.13 Analysis of Transfusion Reactions**

- Transfusion reaction data is compiled by the Blood Storage Unit Officer
- Reviewed quarterly in Transfusion Committee meetings
- Corrective and preventive actions are initiated as required

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**7.0 PROCEDURE**

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### 7.1 Blood and Blood Products

a) **Fresh Blood Products:**

Red cell products, platelets, fresh frozen plasma (FFP), cryoprecipitate

b) **Processed Blood Products:**

Packed red blood cells, plasma derivatives, coagulation factors

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### 7.2

Treating doctors are responsible for ensuring appropriateness of transfusion.

### 7.3

Indication and outcome of transfusion shall be documented in the patient's medical record.

### 7.4

Only qualified and trained nursing staff shall administer blood and blood products.

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### 7.5 REQUEST FOR BLOOD

- a) Blood/blood components shall be prescribed only when clearly indicated
- b) Request must be made by consultant or on-duty doctor
- c) Blood transfusion request form must be completely filled, signed, and stamped
- d) Blood sample shall be collected at bedside for **ABO & Rh grouping and cross-matching**

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### 7.6 GROUPING

Blood grouping is mandatory when:

- a) Intermediate or major surgery is planned
- b) Invasive procedures with risk of bleeding
- c) Blood transfusion is anticipated
- d) Medical conditions with high likelihood of transfusion

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### 7.7 BLOOD RESERVATION

- a) Blood shall be reserved for surgeries as advised by consultant/anaesthetist
- b) Availability of blood/products shall be confirmed with Blood Storage Unit
- c) Rare blood group requirements shall be discussed in advance
- d) Requisition form with labelled EDTA and plain samples shall be sent with:

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- Quantity
- Date
- Diagnosis / Indication

e) Blood Bank cross-matches and reserves blood for **48 hours** unless issued earlier

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### 7.8 ISSUING BLOOD

- Blood is issued after confirmation from on-duty doctor
- Cold chain is maintained during transport
- Blood compatibility slip issued and filed in patient record
- Verification by staff nurse and re-checked by Nurse In-charge

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### 7.9 PROCEDURE BEFORE TRANSFUSION

- Written informed consent obtained (valid for 24 hours), but for chronic cases like thalassemia the same consent maybe used till the period of stay of the patient in the hospital with due endorsement by the treating doctor.
- Blood bag verified for:
  - Unit number
  - Blood group
  - Volume of Blood/Blood products
  - Donor details
  - Expiry date
  - Serology status
  - Patient UHID and name
- Verification countersigned by Intensivist/Consultant where applicable
- Baseline vitals (BP, Pulse, Temperature) recorded
- Fresh consent obtained if transfusion delayed beyond 24 hours except for chronic patients
- Instruction for treatment if any transfusion reaction will be documented.

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### 7.10 PROCEDURE DURING TRANSFUSION

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- a) Continuous monitoring by on-duty nurse
- b) Blood warmed only using approved blood warmer (if required)
- c) Vitals recorded:
  - At start
  - After 15 minutes
  - Hourly thereafter
- d) Rate of flow monitored
- e) No medication administered through same IV line during transfusion unless emergency

#### 7.11 MANAGEMENT OF TRANSFUSION REACTIONS

- a) Stop transfusion immediately
- b) Maintain IV line with 0.9% NaCl
- c) Inform consultant and Blood Bank
- d) Administer Inj. Avil and Inj. Hydrocortisone IV immediately
- e) Monitor for deterioration
- f) Send post-transfusion blood and urine samples to Blood Bank
- g) Send residual blood bag with transfusion set to Blood Bank
- h) Adverse transfusion reaction form filled and forwarded
- i) Blood Bank evaluates cause and recommends preventive measures

#### 7.12

If no reaction occurs, complete transfusion and continue monitoring.

#### 7.13 ADDITIONAL SAFETY MEASURES

- Blood must not be warmed in hot water, microwave, or radiator
- Blood transfusion set changed every **2 units or 12 hours**, whichever earlier

#### 8.0 RECORDS GENERATED

1. Blood Transfusion Register
2. Blood Transfusion Consent & Monitoring Form
3. Blood Transfusion Reaction Form