

**MAJOR HAEMORRHAGE** The NTR Short Form is also available

## PATIENT ON REGULAR TRANSFUSION PROGRAMME

Use this NTR Main Form for initial authorisation

Use the NTR Short Form for subsequent transfusions



Scan QR code for dosage calculator and further transfusion guidance





Patient Details - Affix label here or write patient details		Patient Body Weight:
Forename:	Hospital/Unit:	
Surname:	Ward/Dept:	
Gender:	Consultant:	
Date of birth:		
CHI:		

## CONSENT

Valid and informed consent from the patient is required prior to authorising blood components.  
For consent to be valid, it must be informed and given voluntarily by a competent patient with capacity.

		Yes	No
<b>Discuss</b>	Benefits   Risks   Alternatives   Option to refuse   Reason for transfusion		
<b>Leaflet</b>	Has been offered 'Receiving a blood transfusion' patient information leaflet		
<b>Document</b>	Reason for transfusion in healthcare record		
<b>Advise</b>	Following transfusion, patient no longer eligible to donate blood		
<b>Invite</b>	Questions from patient		
<b>Check</b>	Is a current advance directive (refusal of transfusion) document in effect?		
I confirm that the patient has consented to receive a blood component transfusion: Print Name: Signature: Designation:		If not able to discuss the transfusion with the patient (or parent / guardian as required) please provide detail:	
Date:			

### Transfusion Associated Circulatory Overload (TACO) risk factors

	'Heart failure', congestive cardiac failure, severe aortic stenosis, moderate to severe left ventricular dysfunction, taking regular diuretic, severe anaemia		Clinically significant positive fluid balance, intravenous fluids (now or previous 24 hrs), peripheral oedema, hypoalbuminaemia, significant renal impairment
	Pulmonary oedema, respiratory symptoms of unknown cause		Low body weight (babies, children & adults)

**Guidance on risk reduction measures, including body weight dosing for red cells, can be found [www.insertwebsitenamehere.com](http://www.insertwebsitenamehere.com) (see QR code top right corner)**

## Patient monitoring

**Patients must be monitored closely.** Observations carried out at baseline, first 15 minutes, hourly and at the end.

**Transfusion reactions can be harder to detect in incapacitated patients.** Frequent observations recommended.

**Complete transfusion within 4 hours** of removal from temperature-controlled storage.

**Return unwanted components** to transfusion laboratory within 30 minutes of removal.

**Use a dedicated blood giving set for all components.**

**AFFIX LABEL OR WRITE PATIENT DETAILS**

Forename:

Surname:

Gender:

Date of birth:

CHI:

**AUTHORISATION    Pause and Check → Consent | TACO Risk | Clinical Condition**Have TACO risk factors been identified?    YES ☐    NO ☐    Refer to page one and document in clinical notes

Blood component:

Complete and attach pink sticker from blood component tag

Unit or mls:

Duration:

Date:

**Consider single unit transfusion  
for all non-bleeding patients**

Please state any special requirements or instructions below (inform patient of rationale):

Authoriser's name (print):

Authoriser's signature:

**SAFETY CHECKLIST – Must be completed by staff member(s) administering the blood component**Bedside verbal ID check and ensure matches patient ID band    Yes ☐    Patient unable to verbalise ☐Does the name, date of birth and patient ID number on patient's ID band MATCH EXACTLY with the details on blood component tag?    Yes ☐**IF NOT, DO NOT TRANSFUSE  
CALL THE LABORATORY**Inspect the bag    Component details match tag ☐    Expiry date ☐    Condition ☐Complete blue traceability tag once transfusion commenced and send to laboratory    Yes ☐ **Pause before progressing - Consider single unit transfusion for non-bleeding patients** **AUTHORISATION    Pause and Check → Consent | TACO Risk | Clinical Condition**

If requirement to revisit consent, use a new NTR Main Form

Have TACO risk factors been identified?    YES ☐    NO ☐    Refer to page one and document in clinical notes

Blood component:

Complete and attach pink sticker from blood component tag

Unit or mls:

Duration:

Date:

**Consider single unit transfusion  
for all non-bleeding patients**

Please state any special requirements or instructions below (inform patient of rationale):

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CALL THE LABORATORY**Inspect the bag    Component details match tag ☐    Expiry date ☐    Condition ☐Complete blue traceability tag once transfusion commenced and send to laboratory    Yes ☐

AFFIX LABEL OR WRITE PATIENT DETAILS	
Forename:	
Surname:	
Gender:	
Date of birth:	
CHI:	

AUTHORISATION		Pause and Check → Consent		TACO Risk	Clinical Condition
If requirement to revisit consent, use a new NTR Main Form					
Have TACO risk factors been identified?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refer to page one and document in clinical notes	
Blood component:	<div>Complete and attach pink sticker from blood component tag</div> <div>Consider single unit transfusion for all non-bleeding patients</div>				
Unit or mls:					
Duration:					
Date:					
Please state any special requirements or instructions below (inform patient of rationale):					
Authoriser's name (print):			Authoriser's signature:		
SAFETY CHECKLIST – Must be completed by staff member(s) administering the blood component					
Bedside verbal ID check and ensure matches patient ID band		Yes <input type="checkbox"/>	Patient unable to verbalise <input type="checkbox"/>		
Does the name, date of birth and patient ID number on patient's ID band MATCH EXACTLY with the details on blood component tag?		Yes <input type="checkbox"/>	IF NOT, DO NOT TRANSFUSE CALL THE LABORATORY		
Inspect the bag	Component details match tag <input type="checkbox"/>	Expiry date <input type="checkbox"/>	Condition <input type="checkbox"/>		
Complete blue traceability tag once transfusion commenced and send to laboratory		Yes <input type="checkbox"/>			

AUTHORISATION		Pause and Check → Consent		TACO Risk	Clinical Condition
If requirement to revisit consent, use a new NTR Main Form					
Have TACO risk factors been identified?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refer to page one and document in clinical notes	
Blood component:	<div>Complete and attach pink sticker from blood component tag</div> <div>Consider single unit transfusion for all non-bleeding patients</div>				
Unit or mls:					
Duration:					
Date:					
Please state any special requirements or instructions below (inform patient of rationale):					
Authoriser's name (print):			Authoriser's signature:		
SAFETY CHECKLIST – Must be completed by staff member(s) administering the blood component					
Bedside verbal ID check and ensure matches patient ID band		Yes <input type="checkbox"/>	Patient unable to verbalise <input type="checkbox"/>		
Does the name, date of birth and patient ID number on patient's ID band MATCH EXACTLY with the details on blood component tag?		Yes <input type="checkbox"/>	IF NOT, DO NOT TRANSFUSE CALL THE LABORATORY		
Inspect the bag	Component details match tag <input type="checkbox"/>	Expiry date <input type="checkbox"/>	Condition <input type="checkbox"/>		
Complete blue traceability tag once transfusion commenced and send to laboratory		Yes <input type="checkbox"/>			



# ACUTE TRANSFUSION REACTIONS



**Recognise**



**Respond**



**Report**

**PATIENT HAS SIGNS OR SYMPTOMS SUGGESTIVE OF POTENTIAL TRANSFUSION REACTION**



**Stop the transfusion immediately**

**Assess:** rapid clinical assessment

**Check:** confirm patient ID band matches blood component label

**Inspect:** visual check condition of unit for abnormal appearance

💧 **New or worsening respiratory symptoms - consider TACO** 💧

**Are symptoms LIFE THREATENING? airway, breathing or circulation? or wrong blood given? or evidence of abnormal unit?**

**YES**

**NO**

**NO**

## Severe or Life Threatening Events

- **CALL** for urgent medical help
- **INITIATE** A-E assessment
- **DISCONNECT** IV infusion set with unit from patient, do not discard. Ensure line is clamped and remains connected to the unit, in case return is required to blood bank.
- **Do not restart transfusion**
- **MAINTAIN** IV access
- **MONITOR** observations
- **TREAT** according to clinical status/symptoms, noting:
  - anaphylaxis/severe allergy
  - septic shock
  - acute haemolysis
  - circulatory overload  
Think TACO
  - TRALI
- **ALERT** if haemorrhage, resuscitate with fluids and consider further transfusion
- **INFORM** haematologist

## Moderate reaction

- All signs or symptoms that are not classified as mild, severe or life threatening

### Seek medical review

Escalate as required

### Management

- Disconnect IV infusion set with unit from patient – do NOT discard set/unit
- Maintain venous access
- Treat according to clinical status
- Consider restarting transfusion after medical review if patient's symptoms are in keeping with existing clinical condition
- If reaction is considered not to be in keeping with existing clinical condition do not restart transfusion

## Mild reaction

- A temperature  $>38^{\circ}\text{C}$ - $<39^{\circ}\text{C}$  and a rise between  $1^{\circ}\text{C}$  and  $2^{\circ}\text{C}$  from pre transfusion values
- Transient flushing
- Urticaria or rash

### Inform Medical staff

- If fever – consider antipyrexial
- If itch or localised rash – consider antihistamine

### Management

- Recommence transfusion and rate in line with medical direction
- Increase frequency of monitoring

### Reporting

- Document in clinical notes

## Investigations and Reporting

- **DO** Standard acute transfusion reaction investigations
- **REPORT** Contact blood bank, complete local incident report, document in clinical notes and complete transfusion reaction paperwork
- **SEND** blood unit / IV set to blood bank with required local transfusion paperwork if advised by lab staff or haematologist

## If symptoms worsen?

**STOP** transfusion and manage as per a **moderate** or **severe** event