

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 the QR code for dosage guidance and further transfusion information

Patient details - affix label here or write patient details	
Forename:	Hospital/unit:
Surname:	Ward/dept:
Gender:	Consultant:
Date of birth:	
CHI:	
Patient body weight:	

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
Discuss	Benefits risks alternatives option to refuse reason for transfusion		
Leaflet	Has been offered 'Receiving a blood transfusion' patient information leaflet		
Document	Reason for transfusion in healthcare record		
Advise	Following transfusion, patient no longer eligible to donate blood		
Invite	Questions from patient		
Check	Is a current advance directive (refusal of transfusion) document in effect?		
I confirm that the patient has consented to receive a blood component transfusion:		If not able to discuss the transfusion with the patient (or parent / guardian as required) please provide detail:	
Print name:			
Signature:			
Designation:			
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). Due to the differences in adult and neonatal physiology, babies may have a different risk for TACO-calculate the dose by weight and consider any risks/action

Guidance on risk reduction measures, including body weight dosing for red cells, can be found at <https://tinyurl.com/NTRResource> (see QR code top right corner)

General guidance
<p>Take vital signs within 60 minutes prior to start of transfusion (baseline), 15 minutes after each blood component enters the vein then hourly and following completion (within 60 minutes).</p> <p>Transfusion reactions can be harder to detect in incapacitated patients. Frequent observations recommended.</p> <p>Complete transfusion within 4 hours of removal from temperature-controlled storage.</p> <p>Return unwanted components to transfusion laboratory within 30 minutes of removal.</p> <p>Use a dedicated blood giving set for all components.</p>

National Transfusion Record - Main Form

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

Identified TACO risk factors:

Blood component:

Unit or mls:

Duration:

Date:

Complete and attach pink sticker from blood component tag

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 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 Details match blood component 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 renew consent, use a new NTR Main Form

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

Identified TACO risk factors:

Blood component:

Unit or mls:

Duration:

Date:

Complete and attach pink sticker from blood component tag

Consider single unit transfusion
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Complete blue traceability tag once transfusion commenced and send to laboratory Yes ☐

National Transfusion Record - Main Form

AFFIX LABEL OR WRITE PATIENT DETAILS

Forename:
Surname:
Gender:
Date of birth:
CHI:

Authorisation Pause and check → consent | TACO risk | clinical condition

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Identified TACO risk factors:

Blood component:

Complete and attach pink sticker from blood component tag

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Complete blue traceability tag once transfusion commenced and send to laboratory Yes ☐

Authorisation Pause and check → consent | TACO risk | clinical condition

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

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

Identified TACO risk factors:

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):

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Safety checklist – must be completed by staff administering the blood component

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If you require more space use an NTR Short Form, order code - 7891011

Acute transfusion reactions



Recognise



Respond



Report

Patient has signs or symptoms suggestive of potential transfusion reaction



Stop the transfusion immediately

Assess: rapid clinical A-E assessment

Check: confirm patient ID band matches blood component label

Inspect: check condition of unit for abnormal appearance

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

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

YES

NO

NO

Severe or life threatening events

- **Start resuscitation**
- **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** vital signs
- **Treat** according to clinical status/symptoms, consider:
 - anaphylaxis/severe allergy
 - septic shock
 - acute haemolysis
 - Non-anaphylactic respiratory compromise (think TACO, consider 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
- Temperature $\geq 39^{\circ}\text{C}$ or $\geq 2^{\circ}\text{C}$ rise from pre-transfusion value

Seek medical review

Escalate as required

Management

- Treat according to clinical status
- Consider restarting transfusion after medical review if patient's symptoms settle or are in keeping with existing clinical condition; ensure more frequent monitoring of vital signs
- If reaction is considered not to be in keeping with existing clinical condition do not restart transfusion and manage as for severe reaction

Mild reaction

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

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** to 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