

# NEONATAL BLOOD TRANSFUSION OBSERVATIONS

<b>Name:</b>		<b>IP Number:</b>		<b>Date:</b>	
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**Transfusion guide:** Consider transfusing baby in the following situations:

Condition	Transfusion threshold	Condition	Transfusion threshold
<ul style="list-style-type: none"> <li>Anaemia in the first 24 hours</li> <li>Receiving mechanical ventilation</li> <li>Acute blood loss</li> </ul>	Hb < 12g/dl Hb < 12g/dl > 10% blood volume lost	<ul style="list-style-type: none"> <li>Oxygen dependent (not ventilated)</li> <li>Late anaemia, stable patient (off oxygen)</li> </ul>	Hb < 8-11g/dl Hb < 7g/dl

**Goal:** Raise Hb to  $\geq 12\text{g/dl}$ .

4ml/kg blood increases the haemoglobin by approximately 1gm%.

Therefore usually transfuse 10-20ml/kg leucocyte depleted packed cells. This must be administered over no longer than 4hrs.

**Doctors: Order:**

<b>Type of blood:</b>		<b>Volume:</b>		<b>Rate:</b>		<b>Permission for PN to administer 1<sup>st</sup> unit:</b>	<b>Y / N</b>
<b>MO sign:</b>		<b>Print:</b>				<b>Practice No.</b>	

**Nursing plan:**

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| <ul style="list-style-type: none"> <li><b>NB.</b> From taking blood from fridge to end of transfusion, no more than 6hrs must pass!</li> <li>Warm blood in the incubator next to baby or in a bowl of warm water.</li> <li>Preferably administer blood via a second peripheral line. Maintenance fluids must continue if NPO.</li> <li>Blood must be drawn up into a 50ml syringe via a blood giving set( to ensure it is filtered) connected using a 3-way tap.</li> <li>Flush T-connector/short line with saline before running through blood in order to prevent clot formation from calcium contained in Neonatalyte.</li> </ul> | <ul style="list-style-type: none"> <li>Administer via a <u>syringe pump</u> OR infusion pump if appropriate blood giving set is available. Commence <u>immediately</u> to prevent blood clotting in extension set.</li> <li>Half way through transfusion: Stop transfusion, flush short line with saline and give 1mg/kg Furosemide as ordered.</li> <li>On completion, flush with saline &amp; reconnect IV at the correct rate or leave as short line.</li> <li>Store blood pack, giving set, syringe and extension in fridge for 24 hrs.</li> <li>Document volume of blood administered on fluid balance and transfusion details in multidisciplinary notes.</li> <li>Ensure all documents from blood bank are completed and returned.</li> </ul> |
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**Pre-transfusion check:**

<b>Parental Consent Obtained:</b>	<b>Y / N</b>	<b>Date:</b>		<b>Time:</b>		<b>Type of blood:</b>	
<b>Pack number:</b>		<b>Blood group:</b>		<b>Rhesus factor:</b>		<b>Expiry date:</b>	
<b>Any leaks/abnormal colour/clots?</b>	<b>Y / N</b>	<b>MO's orders, Pt's details &amp; blood group checked?</b>		<b>Y / N</b>	<b>Volume to be transfused:</b>		
<b>Transfusion commenced by:</b>	<b>Sign:</b>		<b>Print &amp; SANC No:</b>		<b>Date:</b>		<b>Time:</b>
<b>Transfusion checked by:</b>	<b>Sign:</b>		<b>Print &amp; SANC No:</b>		<b>Date:</b>		<b>Time:</b>

**NB.** Please turn over-observations overleaf.

**Observations:**

- **NB.** Blood transfusions can be FATAL! Ensure the correct blood is given to the correct patient and monitor closely for a transfusion reaction.
- Ensure baby is monitored continuously, with appropriate alarms set, using a multiparameter monitor.
- Base line observations should be done before commencing blood transfusion including Temperature, Pulse, Respiration, BP, Saturations, FiO<sub>2</sub>, Colour & Dextrose and a visual check for any bleeding.
- Then observe as indicated on the table below. Check glucose half way through and on completion\*.

**Transfusion reaction:**

Immediately notify MO and stop transfusion if: temperature rises/BP or pulse changes/ saturations decrease/apnoea develops/rash develops/oozing from puncture sites /baby becomes restless.

**Normal ranges:** Temp: 36<sup>5</sup>-37°C    Pulse: 120-160 bpm    Resp: 40-60bpm    **Sats:** 90-94% (in oxygen)    **Dext:** 2.6-8 mmol/l    **BP mean:** +/- gest. age.

Schedule	Time	Incub. temp. (°C)	Skin temp. (°C)	Colour	Pulse (bpm)	BP	Mean	Resp. rate (bpm)	Oxygen (%)	Sats. (%)	Dext. (mmol/l)	Action taken for any abnormality	Sign	
Baseline											*			
5 min														
10min														
15 min														
30 min														
1 hour														
1hr 30														
2 hours											*			
2hr 30														
3 hours														
3hr 30														
4 hours											*			
1 hr post														
For 24hrs	Continue 3hrly observations on daily assessment chart.													
Transfusion discontinued by:		Sign:					Print & Practice No:				Date:		Time:	

**Abbreviations:** IV= Intravenous; NPO= nil per os; Incub=incubator; temp=temperature; Resp=respiration; Dext= Dextrostix; BP= Blood pressure; FiO<sub>2</sub>=Fraction of Inspired oxygen; min= minutes; bpm=beats/ breaths per minute