

Nursing Standards of Practice (NSOP) -- Emergency Blood Transfusion

rev. 7/2019



Nursing Standards of Practice

*All policies and procedures are reviewed and/or revised at least every two years. A hard copy of all policies and procedures, along with attachments, is maintained in Nursing Administration office.

**Last reviewed/ revised: 5/18

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1. The Release for Emergency Blood Transfusion / Urgent Transfusion → for **1 to 3** units of blood

Phelps Hospital

*Blood Transfusion Standards

- * Administration-Blood
- * Albumin and Hetastarch
- * Cryoprecipitate Transfusion
- * Factorate VIII Transfusion
- * Massive Blood Transfusion
- * Platelets Transfusion
- * Refusal, Blood - AP+P
- * Transfusion Reaction Workup and TRALI Worksheet
- * Release for Emergency Blood Transfusion/Urgent Transfusion
- * Blood Warmer- Electronic
- * Bone Marrow Aspiration and Biopsy, Assisting Physician

POLICY TITLE: The Release for Emergency Blood Transfusion / Urgent Transfusion	CLINICAL POLICY AND PROCEDURE MANUAL: Patient Care Services-Department of Nursing
POLICY #:	CATEGORY SECTION:
System Approval Date: NA	Effective Date: Pending Approval
Site Implementation Date:	Last Reviewed/Approved: 09/2018
Prepared by: Nursing Standards of Care Committee; Laboratory Department/Blood Bank; Transfusion Committee	Superseded Policy(s)/#/Notations: Previous SOP/Policy: Uncrossmatched Blood Products, Emergency Release This policy supersedes policy dated: 6/97, 8/00, 6/03, 12/05, 10/07, 10/09, 12/11, 1/14, 4/15

PURPOSE

To promote a standard of care for safe and effective management of emergent blood administration.

POLICY

Upon provider order, **uncrossmatched blood** may be emergently administered by any RN credentialed in blood transfusions. This policy should be followed when one (1) to three (3) units of blood is needed urgently or emergently.

SCOPE

This policy applies to all members of Phelps Hospital work force but not limited to employees, medical staff, and other persons performing work for or at Phelps Hospital.

2. Massive Blood Transfusion (MBT) → for **more than 4** units of blood



Phelps Hospital

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POLICY TITLE: Massive Blood Transfusion (MBT) [Code Fusion]	PATIENT CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY #:	CATEGORY SECTION:
System Approval Date:	Effective Date: 9/2013
Site Implementation Date: 6/2019	Last Reviewed/Approved: 6/2019
Prepared by: Laboratory Department Nursing Clinical Practice Committee	Superseded Policy: 9/13, 4/15, 7/17

GENERAL STATEMENT OF PURPOSE

To establish a process for prompt response and treatment of life threatening hemorrhage requiring Massive Blood Transfusion that can occurring the following areas:

- Operating Room (OR)
- Labor and Delivery (L&D)
- Any patient care unit in the hospital
- Emergency Department (ED)
- Interventional Radiology (IR)

POLICY

All patients who are actively bleeding will be recognized promptly and appropriate measures will be taken utilizing a multidisciplinary approach.