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| Manual |  | JOB AID**TEMPLATE** |
| Section |  |
| **Title: Prospective Screening of Transfusion Order (*for Technologists)*** |
| Issued by | Ontario Regional Blood Coordinating Network | **ID:**  |
| Approved by | Project Sponsor |
| Effective DateRevised Date | YYMMDDYYMMDD | Version: 1.0 | **File Name:**  |
| Controlled document. Any documents appearing in paper form must be used for reference purposes only. The on-line copy on the file server above must be considered the current documentation. |

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| Screen the order for: | Do Not Screen Order if request comes from: |
| RBC or PLT*if* | * Non – Bleeding Adult Inpatient
* Non – Bleeding Adult ER patient
 | * Trauma Room ( Massive Transfusion Protocol)
 |
| * Operating Room
 |
| Plasma*if* | * Bleeding or Non – Bleeding Adult Inpatient
* Bleeding or Non – Bleeding Adult ER patient
 | * Recovery Room or Post Anesthetic Care Unit (PACU)
 |
| * Outpatient areas including Cancer Care and Medical Day unit
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| For the Bleeding Patient it is recommended that physicians:* Maintain Hb greater than 70 g/L.
* If pre-existing uncorrected cardiovascular disease – maintain Hb greater than 80 g/L
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**Reviewing appropriate Timing of Infusion:**

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| **List of common timing errors:** | **Action** |
| * Transfusing in advance of surgery to reach a Hb level of 90 – 100g/L
 | Call the patient’s nurse or physician to clarify. If there is still a suspicion of inappropriate timing, refer the request to the Transfusion Medicine Physician |
| * Transfusing plasma or platelets the day before a planned procedure
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If the request for blood does not meet criteria:

1. Inform the requester that this order will have to be reviewed by the Transfusion Medicine Physician
2. Obtain the name and contact number (local extension or pager number) of the ordering physician
3. Contact the Transfusion Medicine Physician and provide the contact information for the ordering physician

**Reviewing Appropriate Indication and Dosing: RBC**

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| Non Bleeding Patient Hb | Doses per Issue | Recommendation |
| Less than 60g/L | Transfuse 1 unit and re-check patient symptoms and Hb before giving second unit | Transfusion likely appropriate |
| Less than 70 g/L | Transfuse 1 unit and re-check patient symptoms and Hb before giving second unit | Consider transfusion.  |
| Less than 80 g/L | Transfuse 1 unit to patient if experiencing elevated heart rate, dizziness or fainting or cardiac symptoms like chest pain or with pre-existing cardiovascular disease and recheck patient symptoms and Hb before giving second unit  | Consider transfusion in patients with pre-existing cardiovascular disease.  |
| Hb 80 g/L to 90 g/L | Transfuse 1 unit to patient if experiencing elevated heart rate, dizziness or fainting, or cardiac symptoms like chest pain or shortness of breath.For all other patients, or if more than 1 unit ordered, inform the patient care area that the request is outside the hospital guidelines and refer the request to the Transfusion Medicine Physician | Likely inappropriate unless evidence of impaired tissue oxygenation. (e.g. symptoms as listed) |
| Greater than 90 g/L | Request is outside of hospital guidelines refer the request to the Transfusion Medicine Physician  | Likely inappropriate.  |

**Reviewing of Appropriate Indication and Dosing: PLT**

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| **Diagnosis/Indication** | **Plt Count**  | **Doses per Issue** | **Recommendation** |
| Non-Immune thrombocytopenia  |  Less than 10 | Transfuse 1 dose then reassess (CBC) | If order is outside these guidelines inform patient care area that the request is outside guidelines and the case must be referred to the transfusion medicine physician |
| Procedures not associated with significant blood loss, including percutaneous procedures other than epidural anesthesia or lumbar puncture  | Less than 20 | Transfuse 1 dose then reassess (CBC) | If order is outside these guidelines inform patient care area that the request is outside guidelines and the case must be referred to the transfusion medicine physician |
| Therapeutic anticoagulation that cannot be stopped  | Less than30 | Transfuse 1 dose then reassess (CBC) | * Ordering Clinician to consult thrombosis specialist
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| Epidural anesthesia or lumbar puncture.Procedures with expected blood loss of greater than 500 mlMajor non-neuraxial surgerySignificant blood loss  | Less than 50 | Transfuse 1 dose immediately before procedure then reassess (CBC) |  |
| Neuraxial surgeryHead Trauma or CNS hemorrhage Life-threatening bleed | Less than 100 | Transfuse 1 dose then reassess (CBC) |  |
| Platelet dysfunction with significant bleeding (e.g. ASA, clopidogrel therapy or post cardiopulmonary bypass) | Any | Transfuse 1 dose |  |
| Immune Thrombocytopenia (ITP) | Case Specific | Transfuse 1 dose for life threatening bleeding only  | * Ordering Clinician to consult hematologist
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**Reviewing of Appropriate Indication and Dosing: Plasma**

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| **Diagnosis/Indication** | **INR** | **Doses per Issue** | **Recommendation** |
| Warfarin reversal/Vitamin K Deficiency* Pre-emergency procedure (within 6 hours)
* Life threatening bleeding
 | Greater than1.5 | None | Administer Prothrombin complex concentrate (PCC) as per hospital policy and Vitamin K (IV) |
| Warfarin reversal/Vitamin K deficiency* Without active bleeding
 | Greater than 5 | None | Administer Vitamin K (PO) as per hospital policy |
| Significant bleedingorLiver disease coagulopathy **AND** pre invasive procedure | Greater than 1.7 | Transfuse 3 – 4 units  | Plasma not required prior to procedures not associated with significant blood loss:* Intravenous lines
* Arterial lines
* PICC lines
* Thoracentesis
* Paracentesis
* Bone Marrow procedure
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| Massive transfusion (greater than 4 units of RBC transfused per hour)Microvascular Bleeding (e.g. skin or mucosal bleeding or bleeding from IV sites) | Greater than1.5 – 2.0 or unknown and cannot wait for result | Transfuse 3-4 units  |  |
| Congenital coagulation factor deficiency where a factor concentrate is not available and there is* Serious bleeding
* Urgent surgical procedure required
 | Any | Transfuse 3-4 units  | Ordering Clinician to consult a hematologist |