SOP on Blood and Blood Components Transfusion Procedure in the Ward Setting

Department of Medicine

Faculty of Medicine

UWUSL

Standard Operating Procedure on Blood and Blood Components Transfusion Procedure in the Ward Setting

(1) Title
Blood and Blood Components Transfusion Procedure in the Ward Setting

(2) Issued By
Department of Medicine, Faculty of Medicine, Uva Wellassa University of Sri Lanka

(3) Purpose & Scope
To ensure the safe, accurate, and standardised administration of blood and blood components in ward settings, while minimising transfusion-related risks and promoting patient safety by appropriate use of blood components.
This Standard Operating Procedure (SOP) also aims to provide structured learning opportunities for medical students to understand, observe, and safely participate in blood transfusion procedures under appropriate supervision, thereby preparing them for independent practice as future house officers. This SOP primarily applies to medical students, and also to medical officers, nursing officers, and other healthcare personnel involved in the preparation, administration, monitoring, documentation, and supervision of blood transfusions in ward settings.

(4) Principle
Blood transfusion involves the administration of compatible blood or blood components from a donor to a recipient to restore circulating blood volume, improve oxygen-carrying capacity, correct coagulation deficiencies, or treat specific haematological conditions. Safe transfusion practice requires positive patient identification, verification of blood component compatibility, strict adherence to aseptic techniques, close monitoring for adverse reactions, and accurate documentation throughout the procedure. In addition, medical students must acquire knowledge of each step of the transfusion process, including indications, preparation, administration, monitoring and management of complications, through supervised clinical exposure.

(5) Responsibilities
(5.1) Medical students
(5.1.1) Observe and participate in the transfusion procedure only under direct supervision of a medical officer.
(5.1.2) Acquire knowledge of each step of the transfusion process, including indications, preparation, administration, monitoring, and management of complications through supervised clinical exposure to prepare for future independent practice.
(5.1.3) Assist in basic tasks such as monitoring vital signs and promptly reporting any abnormalities.

(5.2) House officers / Medical officers

(5.2.1) Assess the indication for transfusion, obtain informed consent, and prescribe appropriate blood components.
(5.2.2) Verify patient identity, blood compatibility, and ensure safe administration of the transfusion.
(5.2.3) Monitor for, identify, and manage transfusion reactions, ensuring proper documentation.

(5.3) Nursing officers and other healthcare staff

(5.3.1) Prepare the patient and equipment and record baseline vital signs prior to transfusion.
(5.3.2) Monitor the patient during and after transfusion and document observations.
(5.3.3) Immediately report any adverse reactions to the medical officer and assist in management.

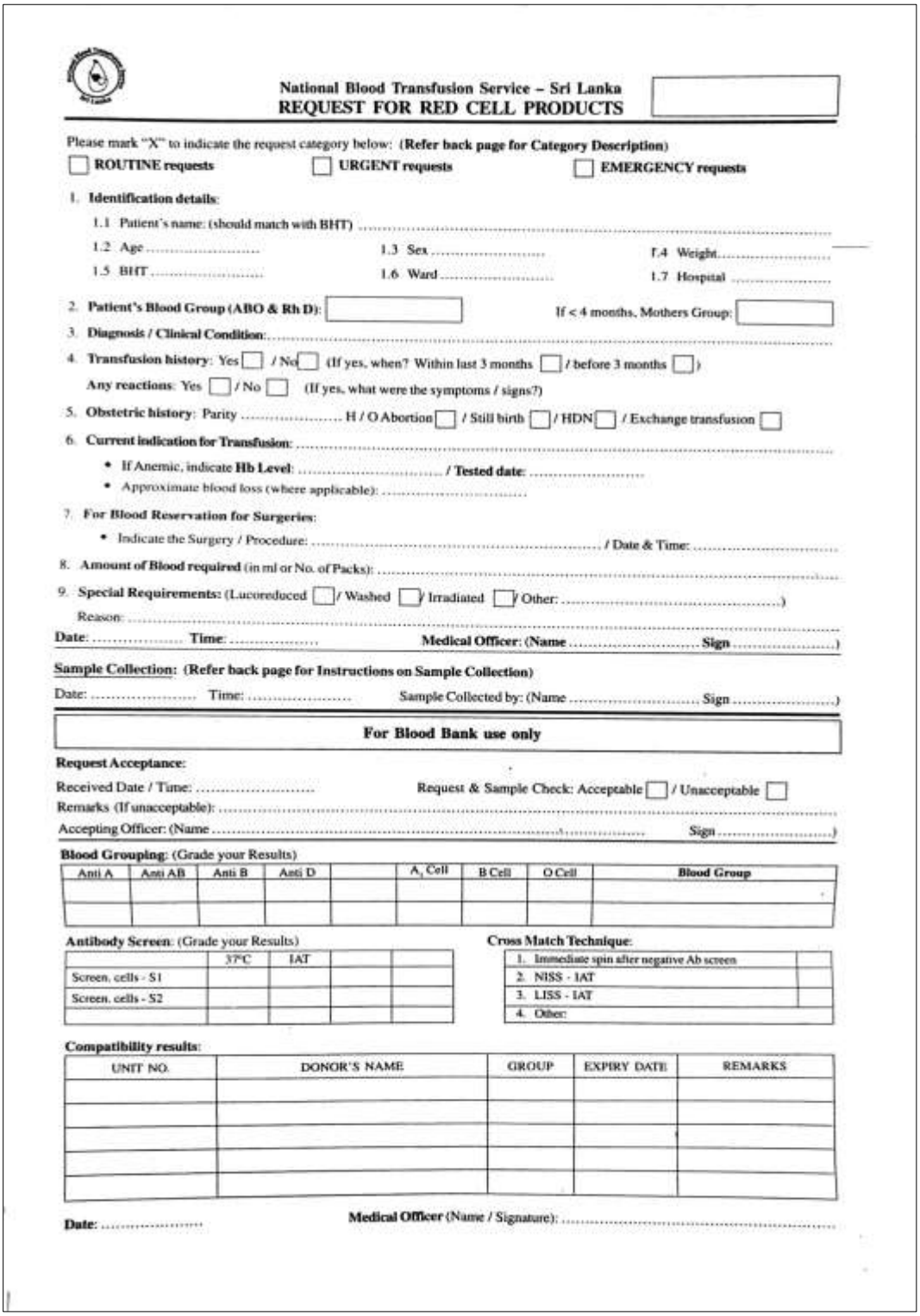
(6) Indications

(6.1) Acute haemorrhagic shock - rapid volume and oxygen replenishment for massive trauma, major surgical loss, or obstetrical emergencies.
(6.2) Symptomatic anaemia - critical tissue hypoxia and low haemoglobin unresponsive to iron, B12, or folate therapy.
(6.3) Severe coagulopathy - active bleeding or high-risk invasive procedures coupled with critical clotting factor deficiencies, severe thrombocytopenia, or platelet defects.

(7) Contraindications

(7.1) Correctable anaemia - nutritional deficiencies (e.g., iron, B12) that can be safely treated with supplements without acute hemodynamic instability.
(7.2) Volume expansion - Use as a primary treatment for hypovolemia or hypoalbuminemia when crystalloids or colloids are safer and available.
(7.3) Minor coagulation abnormalities - mildly prolonged clotting times or stable, non-bleeding thrombocytopenia without planned major surgery.

(8) Procedure
(8.1) Assemble Equipment
(8.1.1) Grouping and DT form



National Blood Transfusion Service – Sri Lanka
REQUEST FOR RED CELL PRODUCTS

Please mark "X" to indicate the request category below: **(Refer back page for Category Description)**

☐ **ROUTINE requests** ☐ **URGENT requests** ☐ **EMERGENCY requests**

1. **Identification details:**
   - 1.1 Patient's name: (should match with BHT) .....
   - 1.2 Age ..... 1.3 Sex ..... 1.4 Weight.....
   - 1.5 BHT ..... 1.6 Ward ..... 1.7 Hospital .....
2. **Patient's Blood Group (ABO & Rh D):** ☐ If < 4 months, Mothers Group: ☐
3. **Diagnosis / Clinical Condition:** .....
4. **Transfusion history:** Yes ☐ / No ☐ (If yes, when? Within last 3 months ☐ / before 3 months ☐)
   Any reactions: Yes ☐ / No ☐ (If yes, what were the symptoms / signs?)
5. **Obstetric history:** Parity ..... H / O Abortion ☐ / Still birth ☐ / HDN ☐ / Exchange transfusion ☐
6. **Current indication for Transfusion:** .....
   - If Anemic, indicate **Hb Level:** ..... / **Tested date:** .....
   - Approximate blood loss (where applicable): .....
7. **For Blood Reservation for Surgeries:**
   - Indicate the Surgery / Procedure: ..... / Date & Time: .....
8. **Amount of Blood required** (in ml or No. of Packs): .....
9. **Special Requirements:** (Lucoreduced ☐ / Washed ☐ / Irradiated ☐ / Other: .....)
   Reason: .....

Date: ..... **Time:** ..... **Medical Officer: (Name** ..... **Sign** .....)

Sample Collection: (Refer back page for Instructions on Sample Collection)

Date: ..... Time: ..... Sample Collected by: (Name ..... Sign .....)

For Blood Bank use only

Request Acceptance:

Received Date / Time: ..... Request & Sample Check: Acceptable ☐ / Unacceptable ☐

Remarks (If unacceptable): .....

Accepting Officer: (Name ..... Sign .....)

Blood Grouping: (Grade your Results)

Anti A	Anti AB	Anti B	Anti D		A_1 Cell	B Cell	O Cell	Blood Group

Antibody Screen: (Grade your Results)

	37°C	IAT		
Screen. cells - S1				
Screen. cells - S2				

Cross Match Technique:

1. Immediate spin after negative Ab screen	
2. NISS - IAT	
3. LISS - IAT	
4. Other:	

Compatibility results:

UNIT NO.	DONOR'S NAME	GROUP	EXPIRY DATE	REMARKS

Date: ..... **Medical Officer** (Name / Signature): .....

Request for UN CROSSMATCHED BLOOD:

• Please issue **uncrossmatched group O blood** • Patient's sample will be sent for emergency grouping	Authorizing Consultant / Reg. / SHO Name: Signature:
CAUTION: Patients with rare Bombay O group can develop fatal reactions with uncrossmatched blood	

Description of Request Categories:

- ☐ **ROUTINE requests**: Indicated for elective procedures / transfusions; Need to be sent before 11.00 a.m. (Alternative time arrangements can be implemented by different hospitals through their HTCs, as required)
- ☐ **URGENT requests**: Indicated for urgent surgeries / procedures and urgent transfusions. Can be sent at any time. Approximately 45 minutes would be required for Grouping & complete (IAT) compatibility procedure.
- ☐ **EMERGENCY requests**: Indicated only for emergency life saving transfusions. Blood would be arranged in about 15 mins. of receiving the request, with only ABO & RhD matching. Risk of minor blood group imcompatibilities cannot be excluded

Sample Collection Instructions:

- Collect sample from the correct patient after confirming his/her identity.
- After collection label the sample immediately and cross check with request form and BHT

For Adults & Children > 4 months of age:...	5 - 7 ml sample (in a plain bottle) for Grouping & Cross match
For neonates & Infants < 4 months of age:...	2 ml EDTA sample from Baby & 5 - 7 ml plain sample from mother
Sample shall be clearly labelled with Patient's Name, Age, Sex, BHT No., Ward No. & Collected date	

For Blood Bank use Only – For additional workup

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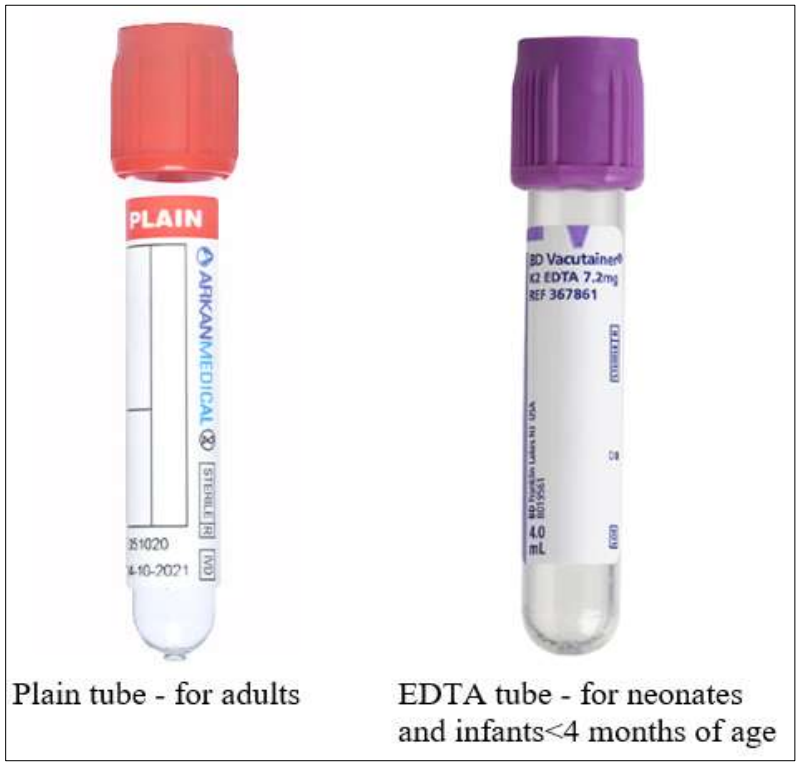
(8.1.2) Blood sample collection tubes



Plain tube - for adults

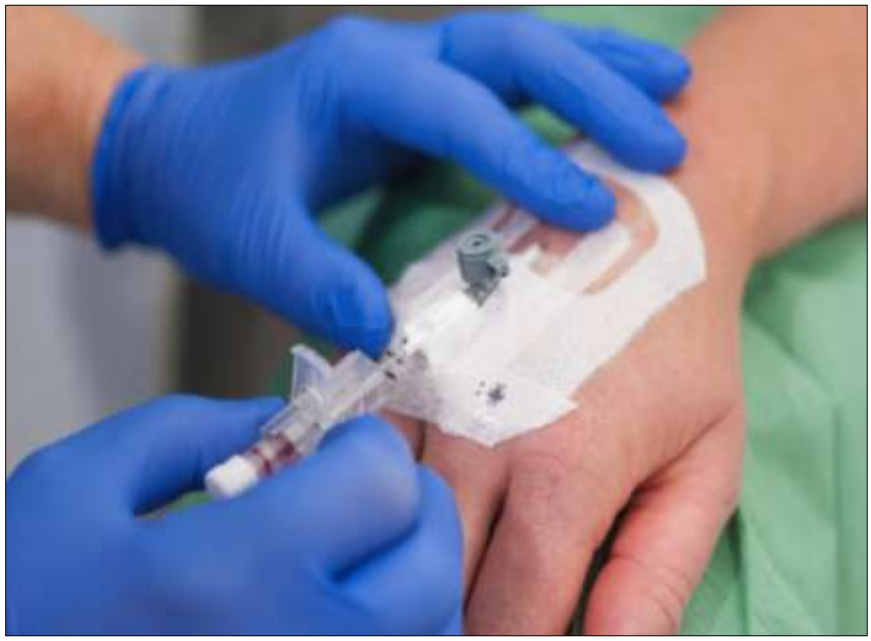
EDTA tube - for neonates and infants<4 months of age

(8.1.3) Validated cool container with appropriate cool packs (for transporting the blood product from the blood bank)

(8.1.4) Disposable gloves

(8.1.5) Prescribed blood pack/component (with official compatibility label)

(8.1.6) Intravenous (IV) cannula (pre-verified and functional)



(8.1.7) Dedicated blood transfusion administration set (Send by the blood bank with the blood pack)

(8.1.8) Blood warmer (optional)

(8.1.9) Volumetric electronic infusion pump (optional)

(8.1.10) Biohazard clinical waste containers

(8.2) Prescribing blood products

(8.2.1) The medical officer holds sole responsibility for prescribing blood products, ensuring they are given only when clearly indicated and that the patient is closely monitored throughout the procedure.

(8.2.2) Before prescribing, the clinician should define the clinical goal, consider alternatives, confirm laboratory indications, balance risks and benefits, document the decision, and ensure trained staff are available for monitoring.

(8.3) Request informed consent from patient to receive a transfusion

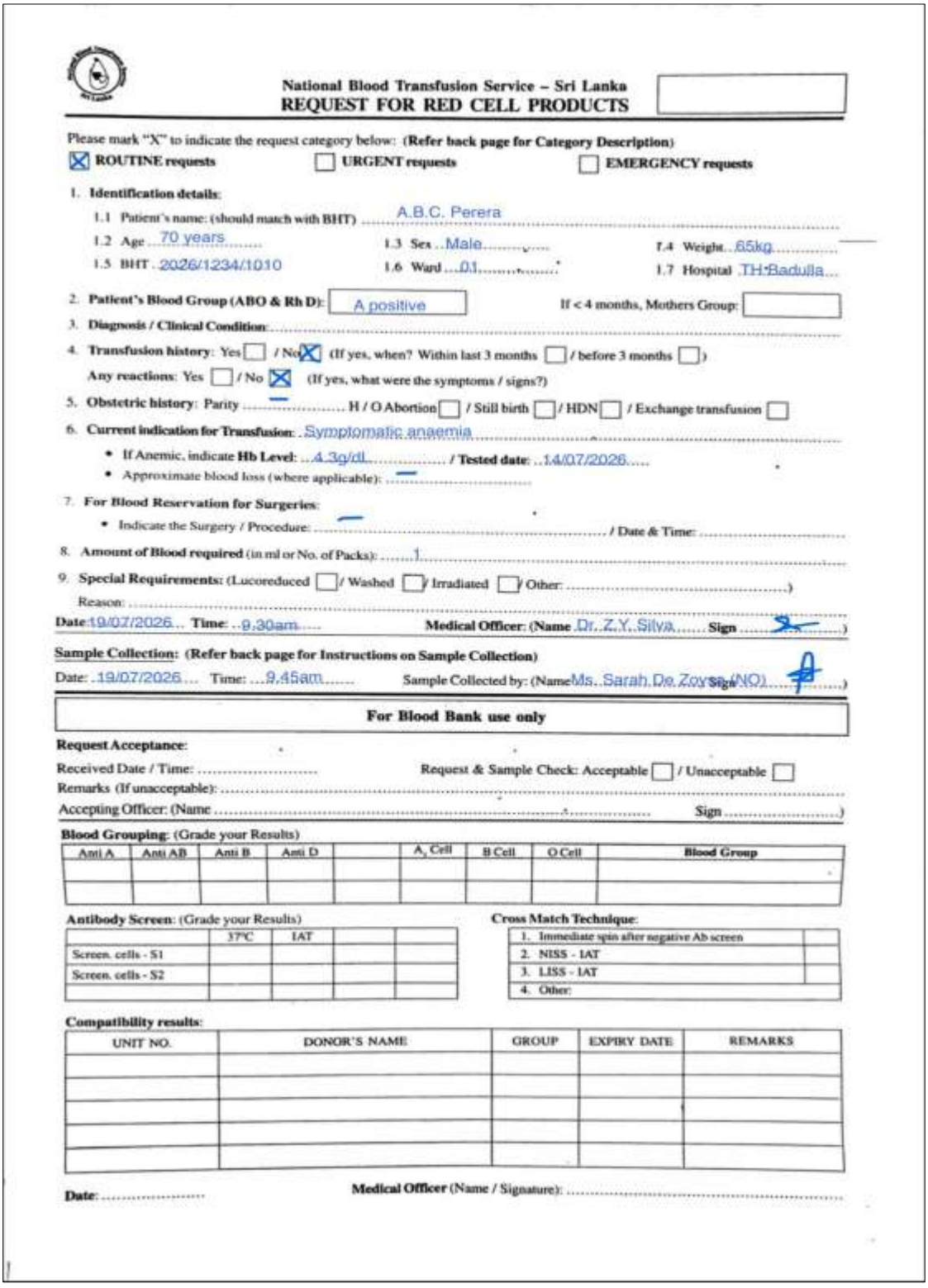
(8.3.1) The physician must clearly explain the purpose, risks, and alternatives of the transfusion, address any patient questions, clarify any doubts and request informed consent.

(8.3.2) If a patient refuses transfusion for personal or religious reasons, the clinician should assess their willingness to accept permitted plasma fractions or alternative treatments.

(8.3.3) The informed consent process, the patient's decision, and the indication for transfusion must be documented in the patient's case notes.

(8.4) Requesting blood products

(8.4.1) Blood and blood products must be requested by sending a duly completed request form (grouping and DT form) to the blood bank, and orders can only be placed by a medical officer.



National Blood Transfusion Service – Sri Lanka
REQUEST FOR RED CELL PRODUCTS

Please mark "X" to indicate the request category below: (Refer back page for Category Description)
☒ ROUTINE requests ☐ URGENT requests ☐ EMERGENCY requests

1. Identification details:
   1.1 Patient's name: (should match with BHT) A.B.C. Perera
   1.2 Age 70 years 1.3 Sex Male 1.4 Weight 65kg
   1.5 BHT 2026/1234/1010 1.6 Ward 01 1.7 Hospital TH Badulla
2. Patient's Blood Group (ABO & Rh D): A positive If < 4 months, Mothers Group:
3. Diagnosis / Clinical Condition:
4. Transfusion history: Yes ☐ / No ☒ (If yes, when? Within last 3 months ☐ / before 3 months ☐)
   Any reactions: Yes ☐ / No ☒ (If yes, what were the symptoms / signs?)
5. Obstetric history: Parity — H / O Abortion ☐ / Still birth ☐ / HDN ☐ / Exchange transfusion ☐
6. Current indication for Transfusion: Symptomatic anaemia
   - If Anemic, indicate Hb Level: 4.3g/dl / Tested date: 14/07/2026
   - Approximate blood loss (where applicable): —
7. For Blood Reservation for Surgeries:
   - Indicate the Surgery / Procedure: — / Date & Time:
8. Amount of Blood required (in ml or No. of Packs): 1
9. Special Requirements: (Lucoreduced ☐ / Washed ☐ / Irradiated ☐ / Other:)
   Reason:

Date 19/07/2026 Time: 9.30am Medical Officer: (Name Dr. Z.Y. Silva Sign)

Sample Collection: (Refer back page for Instructions on Sample Collection)
Date: 19/07/2026 Time: 9.45am Sample Collected by: (Name Ms. Sarah De Zoysa (NO) Sign)

For Blood Bank use only

Request Acceptance:
Received Date / Time: Request & Sample Check: Acceptable ☐ / Unacceptable ☐
Remarks (If unacceptable):
Accepting Officer: (Name Sign)

Blood Grouping: (Grade your Results)

Anti A	Anti AB	Anti B	Anti D		A, Cell	B Cell	O Cell	Blood Group

Antibody Screen: (Grade your Results)

	37°C	IAT		
Screen. cells - S1				
Screen. cells - S2				

Cross Match Technique:

1. Immediate spin after negative Ab screen	
2. NISS - IAT	
3. LISS - IAT	
4. Other:	

Compatibility results:

UNIT NO.	DONOR'S NAME	GROUP	EXPIRY DATE	REMARKS

Date: Medical Officer (Name / Signature):

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Sample shall be clearly labelled with Patient's Name, Age, Sex, BHT No., Ward No. & Collected date	

For Blood Bank use Only – For additional workup

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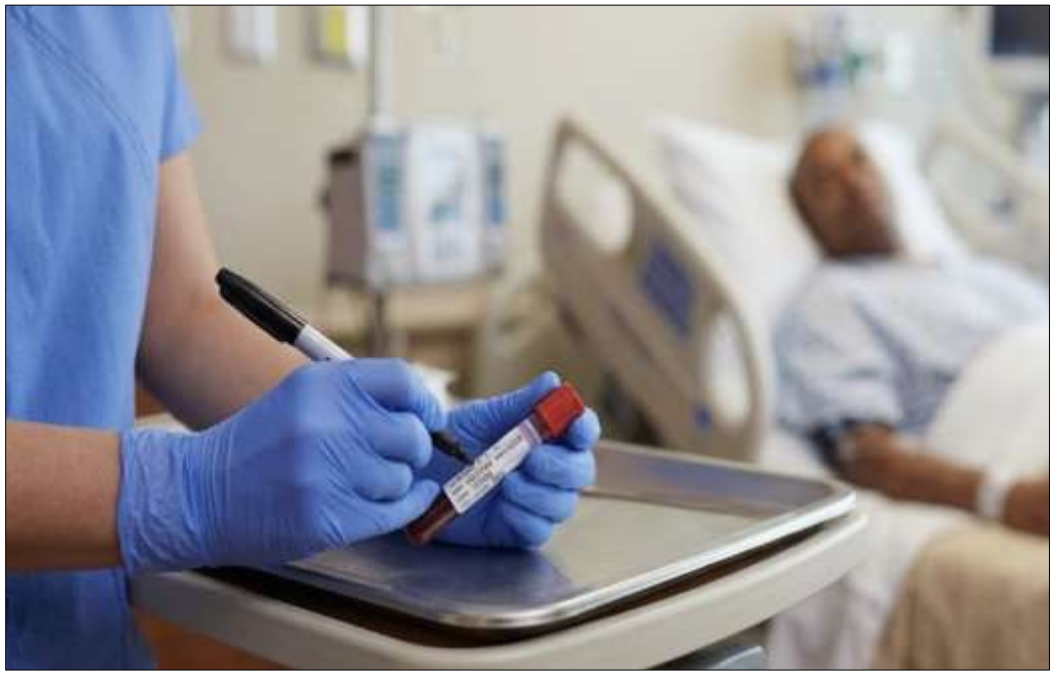
(8.5) Collecting blood samples for pre-transfusion testing

(8.5.1) At the time of drawing blood samples, positive patient identification is very important. Confirm the patient's identity using name and age/date of birth if conscious; if unconscious, verify via a relative and the identification band.

(8.5.2) The collected identity details must be strictly cross-checked against the patient's bed head ticket (BHT) and the information written on the blood bank request form.

(8.5.3) Age-specific sample requirements
(8.5.3.1) Adults and children > 4 months of age - collect a 5–7 ml blood sample in a plain bottle for grouping and cross-matching.
(8.5.3.2) Neonates and infants < 4 months of age - collect a 2 ml EDTA blood sample from the baby and a 5–7 mL plain blood sample from the mother.

(8.5.4) To prevent a patient's blood from being placed into the wrong bottle, the sample bottle must be clearly labelled at the patient's bedside immediately after collecting the blood and before leaving the bedside by the exact person who obtained the sample.



(8.5.5) The accurately completed grouping and DT request form, along with the patient's correctly labelled blood sample and their bed head ticket (BHT), must be dispatched together to the hospital blood bank. If there is any discrepancy in details between the BHT, Request Form and Sample Label, the request will not be accepted. The sample will be discarded and a new sample from the patient will be requested with the necessary corrections.

(8.5.6) Upon receiving and verifying the samples, the blood bank medical officer will stamp or seal the BHT confirming that blood has been successfully reserved.

(8.5.7) The BHT will then be sent back to the ward with the official compatibility report (blue chit) securely attached to authorize the transfusion.

National Blood Transfusion Service – Sri Lanka

Document Title: සැසඳුම් සිරිඤ්ඤම් වාර්තාව
Compatibility Report

Document No: H - 1212 | Effective Date: 01/01/2015 | 6/29/39

රෝගියාගේ නම/ Patient's Name : A.B.C.Perera

අංකය/ BHT No. : 2026/1234/1010 වාට්ටුව/ Ward : 01

රෝහල / Hospital : TH Badulla

ලේ වර්ගය/ Blood Group : A ආරක්ෂය/ Rhesus : Positive

සැසඳුම්
Compatible with

	Pack No.	Name of Donor	Group	Expiry Date
1.	AN12345678901	Mr. I.J.K. Sirisena	A +	31/07/2026
2.				
3.				
4.				
5.				
6.	Antibody Screening			

Remarks:

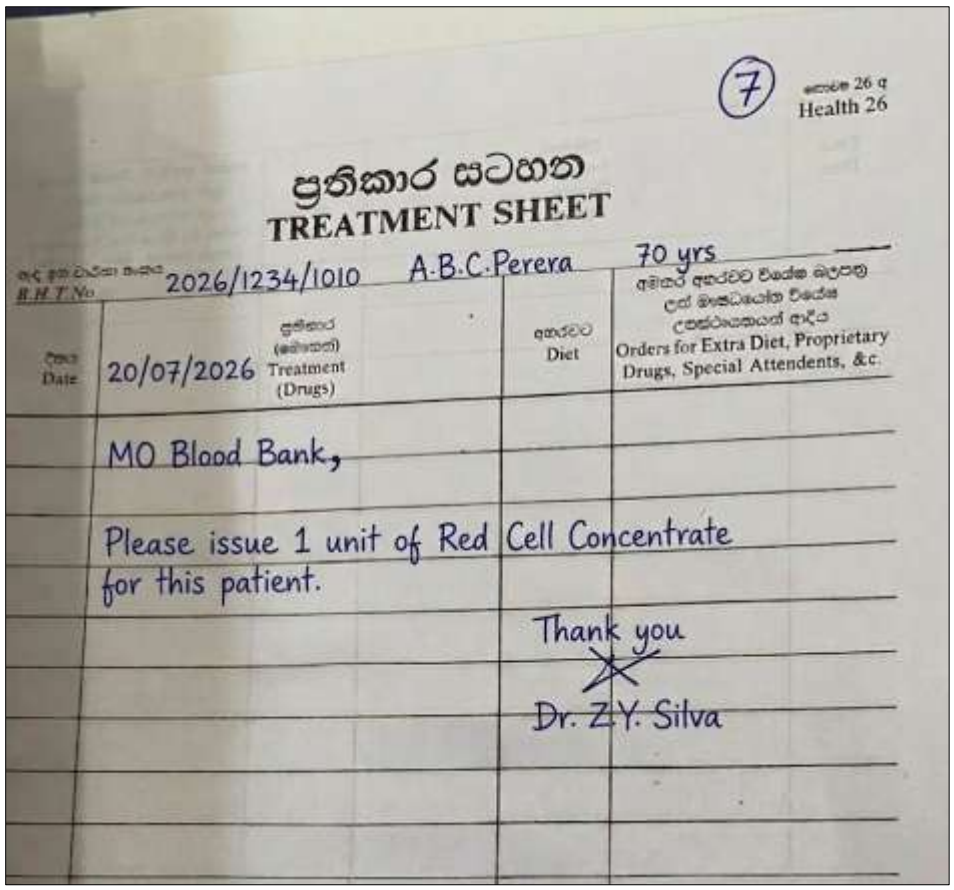
19/07/2026
දිනය
Date

වෛද්‍ය නිලධාරීගේ අත්සන
Signature of Medical Officer

(8.6) Release and retrieval of issued blood products

(8.6.1) When the patient is ready for transfusion, the ward medical officer must document a formal request in the BHT authorizing the blood bank to release the reserved blood products. If the patients historical ABO blood group is not known, a second blood sample should be sent to the blood bank to confirm the patients ABO blood group before issuing Red Cells.

(8.6.2) Prepare IV access and equipment before requesting release, transfusion must commence within 30 minutes of the blood product leaving the blood bank temperature-controlled environment.



(7) Health 26

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TREATMENT SHEET

B.H.T No. 2026/1234/1010 A.B.C.Perera 70 yrs

Date	Treatment (Drugs)	Diet	Orders for Extra Diet, Proprietary Drugs, Special Attendents, &c.
20/07/2026	MO Blood Bank, Please issue 1 unit of Red Cell Concentrate for this patient.	Thank you Dr. Z.Y. Silva	

(8.6.3) The BHT containing the signed written release order and a cool container must be sent directly to the blood bank to initiate the physical dispatch of the blood components.

(8.6.4) A red cell unit must be initiated within 30 minutes of issue from the blood bank. If transfusion cannot start within this 30-minute window, the unit must be returned immediately to the blood bank's monitored refrigerator. Non-medical reasons for delay must be strictly avoided.

(8.6.5) Blood components must never be stored in a standard ward refrigerator, domestic refrigerator, or vaccine refrigerator. They may only be stored in a monitored, validated blood bank refrigerator.

(8.7) Pre-infusion bedside verification

(8.7.1) When blood is received to the ward, before transfusion, check following at the patient's bed side to re-confirm patient identification and prevent human errors.

(8.7.2) Check the recipient's identity

- Ask the patient to state his/her full name, age/address & verify with BHT
- For small children obtain these details from the guardian and verify
- For unconscious patients check with the wrist band - these details must match with the BHT

(8.7.3) Check the blood pack

- Check the expiry date of the blood unit to verify it is in date.
- Inspect the blood pack for any signs of leakage, damaged packing, abnormal colour, turbidity clots or particles - if any abnormality is seen check from the blood bank before transfusion.

(8.7.4) Upon issuing the blood product, the blood bank applies two distinct verification seals directly into the patient's bed head ticket (BHT).

(7) Health 26

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TREATMENT SHEET

B.H.T No. 2026/1234/1010 A.B.C.Perera 70 yrs

Date	Treatment (Drug)	Diet	Orders for Extra Diet, Proprietary Drugs, Special Attendents, &c.
20/07/2026	MO Blood Bank, Please issue 1 unit of Red Cell Concentrate for this patient. Thank you Dr. Z.Y. Silva		

BLOOD BANK T.H. BADULLA.

.....UNITS OF.....

PACK NO (S).... .....

BLOOD GROUP.....

MO CHECKED

BHT NO..... .

DATE & TIME..... .....

BLOOD BANK T.H. BADULLA.

RECEIVED TIME : .....

CHECKED BY : ..... MO

PACK NO. (S) .....

BLOOD GROUP .....

PATIENTS BLOOD GROUP : .....

PATIENT'S BHT No. : .....

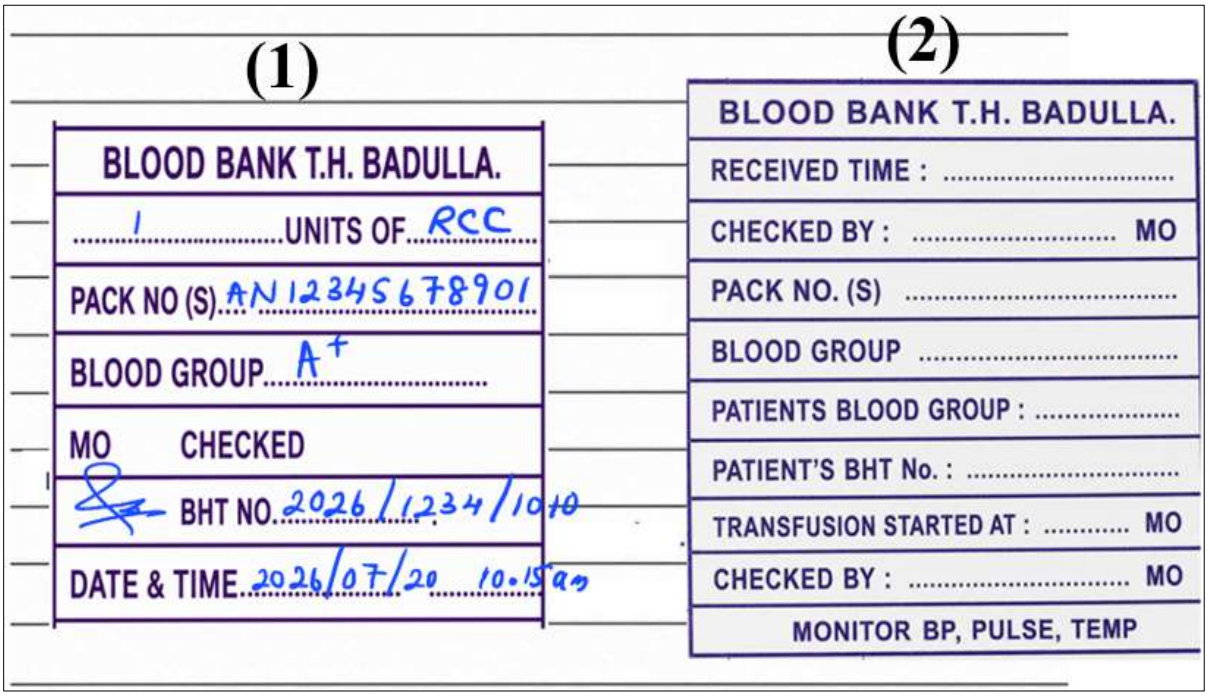
TRANSFUSION STARTED AT : ..... MO

CHECKED BY : ..... MO

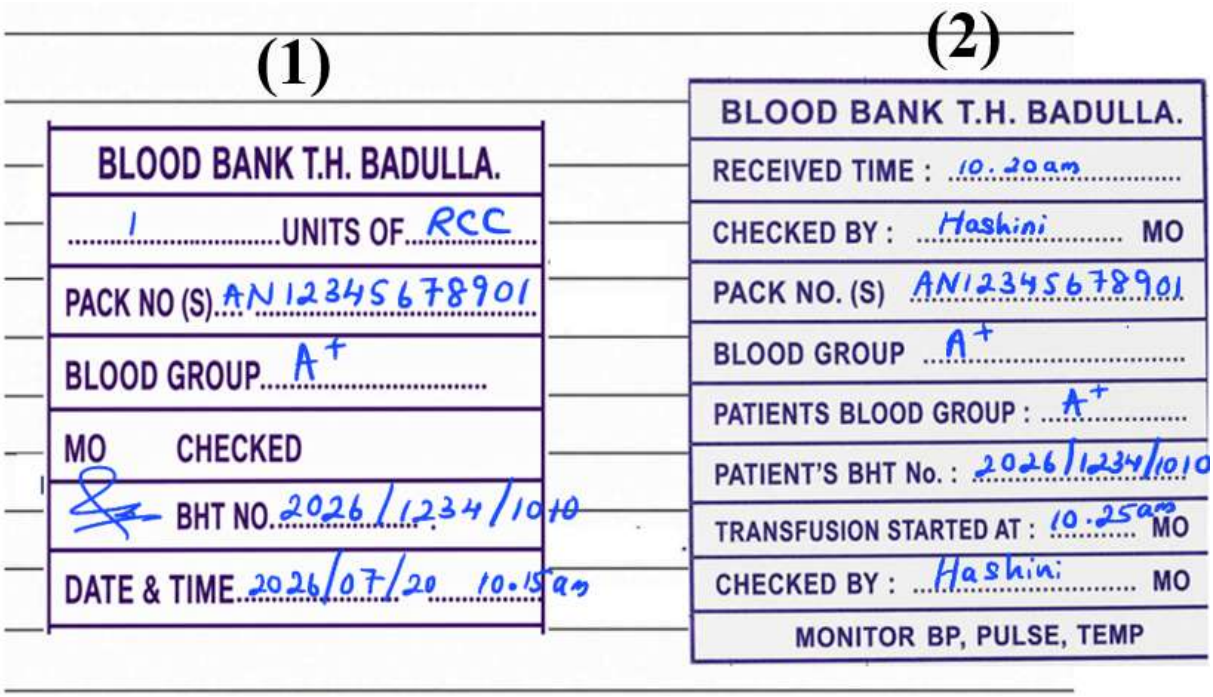
MONITOR BP, PULSE, TEMP

H 058111 - 35,000,000 (2023/01)P

(8.7.5) Left-side seal (1) - This section is pre-filled exclusively by the blood bank staff.



(8.7.6) Right-side seal (2) - The house officer or medical officer initiating the transfusion must independently fill out this section at the bedside. To prevent confirmation bias and minimize errors, the clinician must fill this out without looking at the left-side seal, extracting the details directly from the compatibility label attached to the blood pack.



(8.7.7) Once the right-side seal is filled, the clinician must cross-verify the handwritten details against the official compatibility report (blue chit) and the left-side seal completed by the blood bank before beginning the infusion.

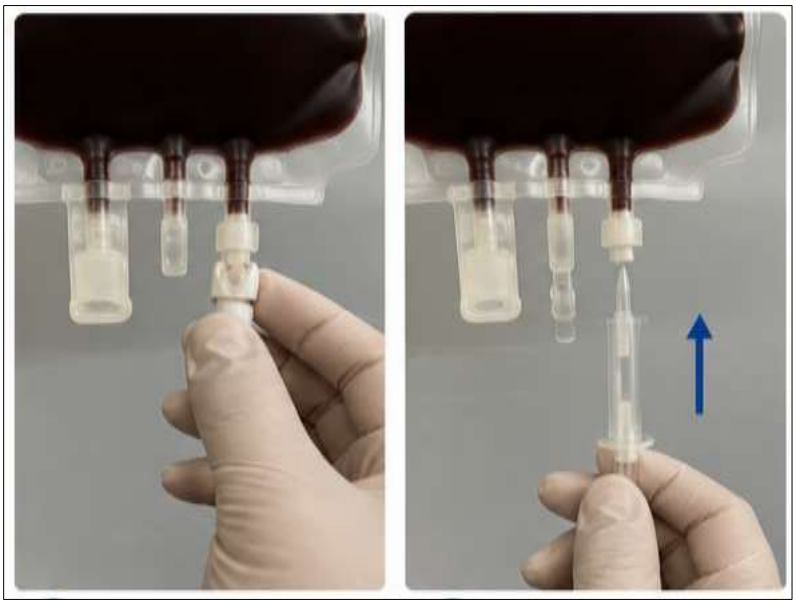
(8.7.8) If there are any defect with any of the above do not proceed & inform the blood bank immediately.

(8.8) Initiating and regulating the infusion

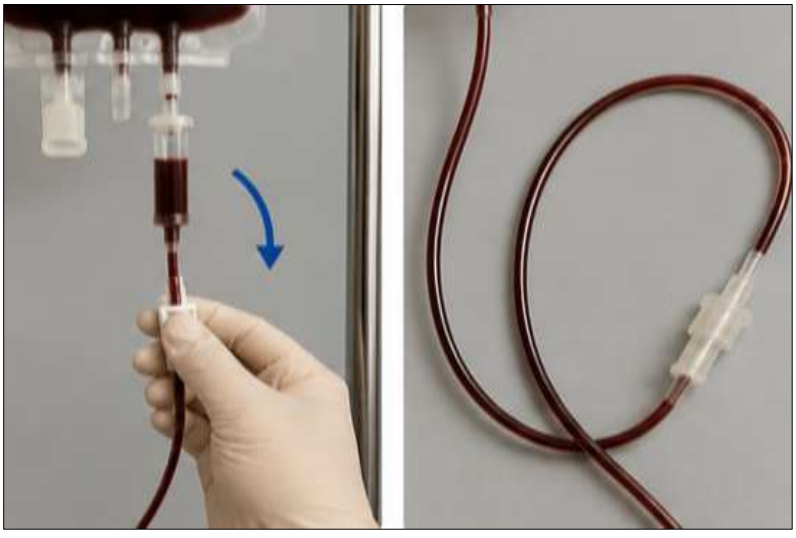
(8.8.1) Wash hands thoroughly with soap and water and put on a clean pair of disposable gloves immediately before handling the transfusion equipment or accessing the patient's intravenous line

(8.8.2) Measure and record the patient's baseline pulse rate, blood pressure, temperature, and respiratory rate in the BHT immediately prior to initiation.

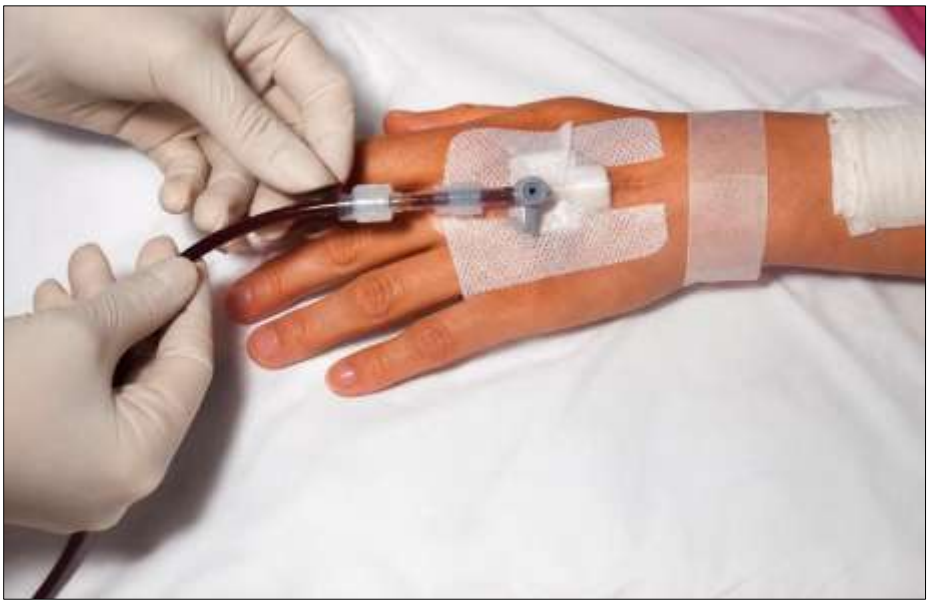
(8.8.3) Prepare the blood administration set by inspecting the sterile giving set, closing the roller clamp, hanging the blood bag, and aseptically inserting the administration set spike into the blood bag port.



(8.8.4) Prime the administration set by filling the drip chamber to approximately half full and allowing blood to flow through the filter and tubing until the entire administration set is filled and all air is expelled.

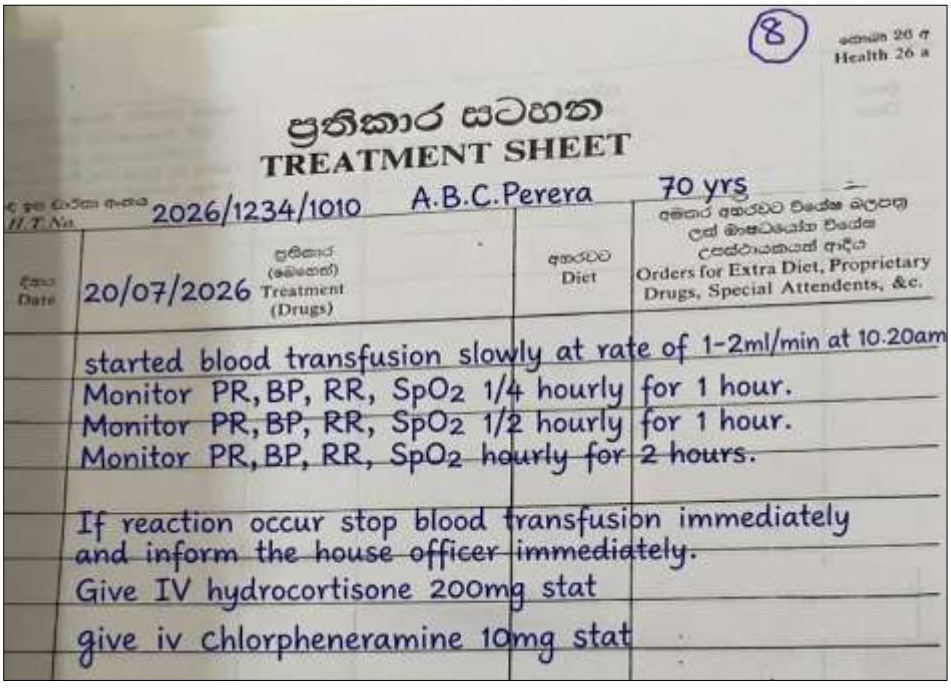


(8.8.5) Close the roller clamp and inspect the primed administration set to ensure it is free of air and leaks, all connections are secure, and the set is ready for connection to the patient's intravenous cannula following the final bedside identity check.



(8.8.6) Initiate the transfusion at a slow rate of 1–2 mL/min (approximately 25–50 mL during the first 15 minutes), as many serious reactions present within the first 30 minutes, making close visual observation critical during this period.

(8.8.7) After initiation of transfusion document the following in the BHT, monitoring the patient, and the immediate steps to take if a reaction occurs.



(8)

Health 26 a

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TREATMENT SHEET

H.T.No 2026/1234/1010 A.B.C.Perera 70 yrs

දිනය Date	ප්‍රතිකාර (ඖෂධ) Treatment (Drugs)	අහරවට Diet	අමතර අහරවට විශේෂ බලපත්‍ර ලත් ඖෂධයන්ය විශේෂ උපස්ථායකයන් ආදිය Orders for Extra Diet, Proprietary Drugs, Special Attendents, &c.
20/07/2026	started blood transfusion slowly at rate of 1-2ml/min at 10.20am Monitor PR, BP, RR, SpO_2 1/4 hourly for 1 hour. Monitor PR, BP, RR, SpO_2 1/2 hourly for 1 hour. Monitor PR, BP, RR, SpO_2 hourly for 2 hours. If reaction occur stop blood transfusion immediately and inform the house officer immediately. Give IV hydrocortisone 200mg stat give iv chlorpheneramine 10mg stat		

(8.8.8) The patient should also be instructed about possible symptoms of transfusion reactions such as fever, chills, itching, rash, shortness of breath, or back pain and advised to promptly inform the house officer (HO) or a nursing officer if any such symptoms develop.

(8.8.9) Stable patients - red blood cell transfusions can be completed within 2 hours.

(8.8.10) Unstable/cardiac patients - transfuse slowly and cautiously over up to 4 hours to avoid circulatory overload, considering the concomitant use of diuretics and frequent monitoring.

(8.8.11) Shock/massive haemorrhage - transfuse blood products as rapidly as clinically required.

(8.8.12) Transfusion of Packed Red Cells must be initiated within 30 minutes of issue and completed within 4 hours of removal from temperature-controlled storage to prevent dangerous bacterial proliferation.

(8.8.13) For Platelets, Fresh Frozen Plasma (FFP), stored plasma, and Cryoprecipitate, transfusion must be started immediately upon receipt from the blood bank.

(8.9) Completing the transfusion and post-procedure steps

(8.9.1) At the exact conclusion of the transfusion, record the final completion time in the patient's BHT.

(8.9.2) Discard the empty blood bag and used administration sets immediately in accordance with the hospital's policy for disposing of biohazard clinical waste.

(8.9.3) Permanently attach the blood transfusion compatibility report to the patient's BHT notes.

(8.9.4) Maintain close observation of the patient for 1/2 to 1 hour after the transfusion finishes, monitoring carefully for any late-onset post-transfusion effects based on the specific component administered and the patient's clinical risk profile.

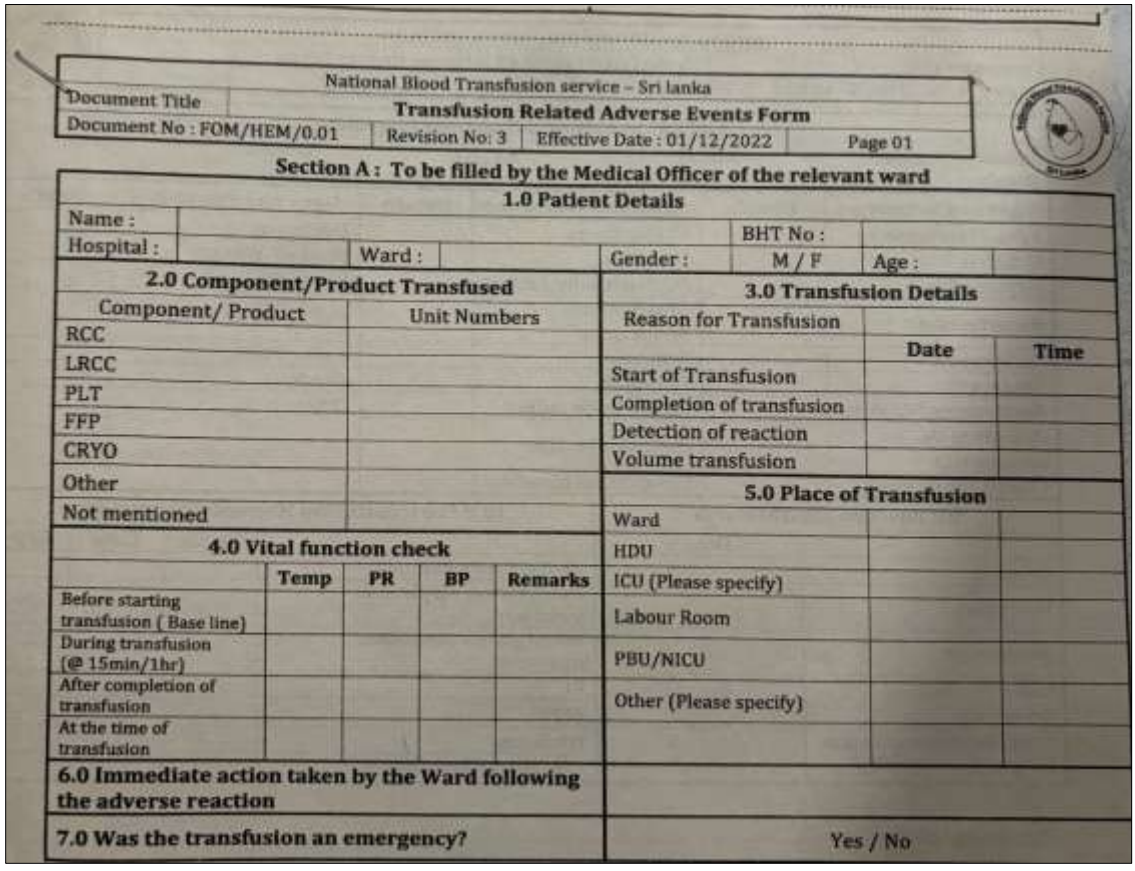
(8.10) Management of Transfusion Reactions

(8.10.1) If a transfusion reaction occurs, immediately stop the transfusion and disconnect the tubing set from the cannula, keeping the IV line open with standard normal saline using a new giving set.

(8.10.2) Administer medical treatment as prescribed and documented in the bed head ticket (BHT), ensuring ongoing clinical monitoring of the patient's condition.

(8.10.3) Promptly contact the blood bank via phone to report the suspected reaction, request further guidance, and prepare for any necessary sample submissions.

(8.10.4) Send the patient's bed head ticket (BHT) to the blood bank to obtain the Transfusion Related Adverse Events Form.



National Blood Transfusion service – Sri lanka

Document Title	Transfusion Related Adverse Events Form		
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Section A : To be filled by the Medical Officer of the relevant ward

1.0 Patient Details

Name :				BHT No :			
Hospital :		Ward :		Gender :	M / F	Age :	

2.0 Component/Product Transfused

Component/ Product	Unit Numbers
RCC	
LRCC	
PLT	
FFP	
CRYO	
Other	
Not mentioned	

3.0 Transfusion Details

Reason for Transfusion		
	Date	**Time**
Start of Transfusion		
Completion of transfusion		
Detection of reaction		
Volume transfusion		

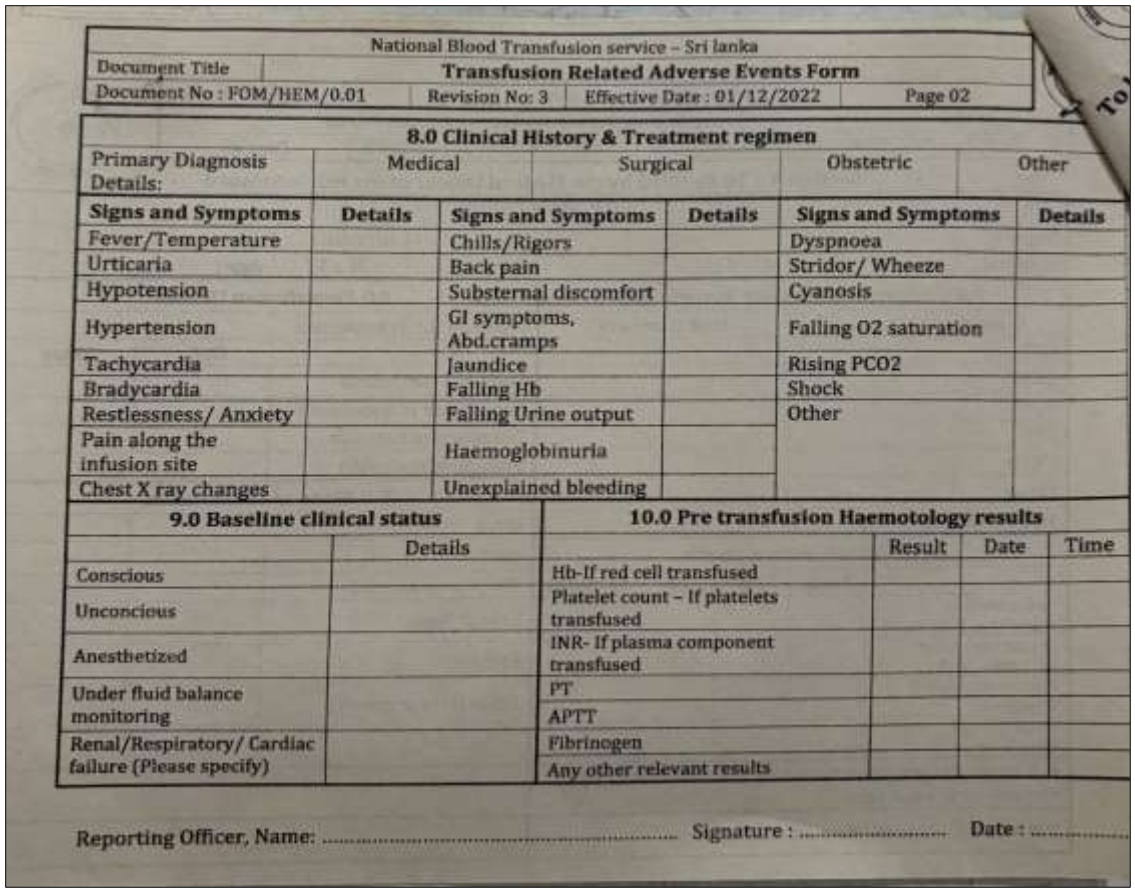
4.0 Vital function check

	Temp	PR	BP	Remarks
Before starting transfusion (Base line)				
During transfusion (@ 15min/1hr)				
After completion of transfusion				
At the time of transfusion				

5.0 Place of Transfusion

Ward		
HDU		
ICU (Please specify)		
Labour Room		
PBU/NICU		
Other (Please specify)		

6.0 Immediate action taken by the Ward following the adverse reaction	
7.0 Was the transfusion an emergency?	Yes / No



National Blood Transfusion service – Sri lanka

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8.0 Clinical History & Treatment regimen

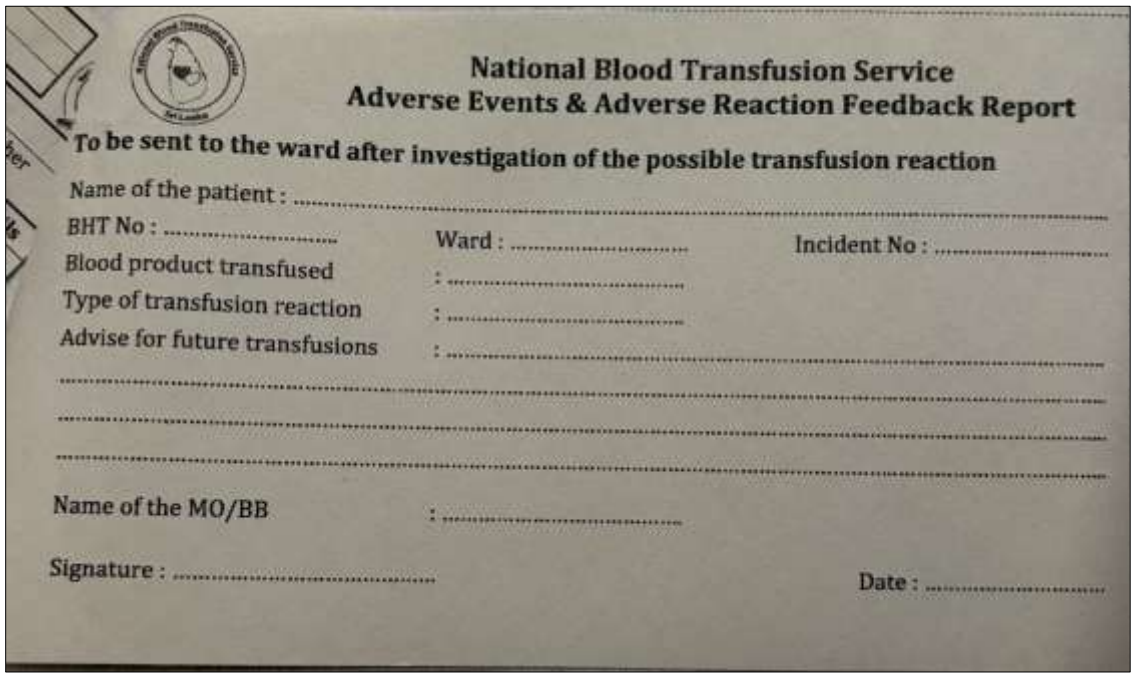
Primary Diagnosis Details:	Medical	Surgical	Obstetric	Other

Signs and Symptoms	Details	Signs and Symptoms	Details	Signs and Symptoms	Details
Fever/Temperature		Chills/Rigors		Dyspnoea	
Urticaria		Back pain		Stridor/ Wheeze	
Hypotension		Substernal discomfort		Cyanosis	
Hypertension		GI symptoms, Abd.cramps		Falling O2 saturation	
Tachycardia		Jaundice		Rising PCO2	
Bradycardia		Falling Hb		Shock	
Restlessness/ Anxiety		Falling Urine output		Other	
Pain along the infusion site		Haemoglobinuria			
Chest X ray changes		Unexplained bleeding			

9.0 Baseline clinical status	Details
Conscious	
Unconcious	
Anesthetized	
Under fluid balance monitoring	
Renal/Respiratory/ Cardiac failure (Please specify)	

10.0 Pre transfusion Haemotology results	Result	Date	Time
Hb-If red cell transfused			
Platelet count – If platelets transfused			
INR- If plasma component transfused			
PT			
APTT			
Fibrinogen			
Any other relevant results			

Reporting Officer, Name: ..... Signature : ..... Date : .....



National Blood Transfusion Service
Adverse Events & Adverse Reaction Feedback Report

To be sent to the ward after investigation of the possible transfusion reaction

Name of the patient : .....

BHT No : ..... Ward : ..... Incident No : .....

Blood product transfused : .....

Type of transfusion reaction : .....

Advise for future transfusions : .....

.....

.....

.....

Name of the MO/BB : .....

Signature : ..... Date : .....

(8.10.5) Save the blood bag along with the giving set and attached compatibility label without discarding them.

(8.10.6) Draw post-transfusion blood samples (e.g., plain and EDTA bottles for repeat grouping, DAT, free haemoglobin) and collect a fresh urine sample (for haemoglobinuria).

(8.10.7) Send the blood bag, giving set, filled Transfusion Related Adverse Events Form, and post-reaction samples back to the hospital blood bank immediately for workup.

(8.10.8) Important precautions during blood transfusion

(8.10.8.1) Routine transfusions should be avoided at night.

(8.10.8.2) Do not transport patients for other investigative procedures [Eg: X rays, Scans] while undergoing blood or component transfusions.

(8.10.8.3) Avoid giving IV medications or IV fluids in the same IV access to prevent accidental haemolysis of red cell.

(8.10.8.4) Blood components are transfused through a transfusion set composed of a 170 -200 micro/meter filter to filter out clots and debris.

(8.10.8.5) A transfusion set can be used to transfuse two red cell units and must be changed every 4 hrs.

(9) References

(9.1) World Health Organization. *Guidelines and principles for safe blood transfusion practice*. Geneva: World Health Organization; 2009.

(9.2) Robinson S, Harris A, Atkinson S, Atterbury C, Bolton-Maggs P, Elliott C, et al. The administration of blood components: a British Society for Haematology guideline. *Transfus Med*. 2017;27(1):3–13.

(9.3) National Haemovigilance Unit, National Blood Transfusion Service Sri Lanka. *Quality and safety in transfusion therapy through haemovigilance*. Colombo: National Blood Centre; 2009.

(10) Disclaimer on sample data

All patient names, identification numbers, and clinical details depicted on the sample forms, compatibility reports, and seals within this document are strictly fictitious and generated solely for educational and training purposes. Any resemblance to real persons, living or deceased, or actual patient records is entirely coincidental.

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