	<b>Trauma Services</b>	No. 4035
	Title: <b>Blood Transfusions- Shared</b>	Page: 1 of 2 Effective Date: 05/14/2021

**PURPOSE:**

Blood or blood products will be administered to the trauma patient in a safe and timely manner.

**POLICY STATEMENT:**

Blood transfusions must be conducted according to procedures outlined in this policy and according to nursing policy. Furthermore blood and blood products must only be administered by staffs that are trained and competent in the procedures.

**ENTITIES AFFECTED BY THIS POLICY (SCOPE):**

WakeMed adopts the following policy & procedures for WPP Surgery, Raleigh Emergency Services, and Cary Emergency Services

**WHO SHOULD READ THIS POLICY:**

This policy shall be read by department supervisors, managers, directors, and administrators. Furthermore, any individual considering issuing, revising, assisting in the drafting of, or archiving a policy.

**PROCEDURES:**

- I. The Trauma patient is identified and announced through the pager system, allowing notification of transfusion services.
- II. ED nursing staff retrieves the blood procurement form with the appropriate patient labels to procure the following from transfusion services:
  - a. Raleigh Campus (in the event of multiple trauma one activations)
    - Adult: 2 units of uncrossed packed red blood cells (pRBC) and 2 units of plasma
    - Pediatric: 2 units of uncrossed packed red blood cells (PRBC)
  - b. Cary Campus
    - Adult: 4 units of uncrossed packed red blood cells (pRBC) and 2 units of plasma
- III. The ED technician secures the blood in a cooler and brings to the trauma room.
- IV. Administration of uncrossmatched blood and/or plasma is at the discretion of the trauma attending or resident.
- V. The nurse checks the blood products per hospital policy, documents on the Transfusion Record and scans into the patient's electronic medical record. Additional documentation can be completed in the Blood Admin selection in the trauma narrator toolbox.
- VI. A rapid infusion device with warming capability should be used for infusions that are administered less than 3-4 hours to prevent hypothermia and coagulopathy.
- VII. The nurse monitors the patient for reaction and vital signs per hospital blood administration policy and notifies the MD if reaction occurs.
- VIII. Emergency release blood products that are not administered must be maintained in the cooler with the patient and should be returned to the blood bank within one hour of acquisition.

**Origination date:** 12/31/1998


**Prepared by:** MGR, TRAUMA PROGRAM

**Approved by:** MEDICAL DIR TRAUMA - RALEIGH, PHYSICIAN, SURGEON

**Reviewed:** 05/14/2021

**Revised:** 05/14/2021

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

	<b>Trauma Services</b>	No. 4035
	Title: <b>Blood Transfusions- Shared</b>	Page: 2 of 2 Effective Date: 05/14/2021

- IX. Once a type and screen is completed, the cross-matched blood products are administered following hospital policy.
- X. If massive transfusion is required, an electronic order must be initiated. Type and screen must be completed, and transfusion services notified to set up massive transfusion packs.

**DEFINITIONS:**

Massive transfusion is defined as >10 units of pRBCs within the first 24 hours of admission.

**THIS POLICY IS CROSS REFERENCED IN:**

**I. ASSOCIATED DOCUMENTS**

- a. Massive Transfusion Policy, Blood Administration

**II. ADDITIONAL RESOURCES**

- a. ATLS, advanced trauma life support. (2018). 10th ed. Chicago, IL: American College of Surgeons.

**Origination date:** 12/31/1998

**Prepared by:** MGR, TRAUMA PROGRAM

**Approved by:** MEDICAL DIR TRAUMA - RALEIGH, PHYSICIAN, SURGEON

**Reviewed:** 05/14/2021

**Revised:** 05/14/2021

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**