

**New York State Council on Human Blood and Transfusion Services*
and
New York State Board for Nursing†**

***GUIDELINES FOR MONITORING
TRANSFUSION RECIPIENTS***

**Fourth Edition
2012**

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GUIDELINES FOR MONITORING TRANSFUSION RECIPIENTS

The following guidelines and appended Transfusion Reaction Response Guide reflect the thinking of New York State experts in transfusion medicine and nursing. The documents may be helpful for preparation of institutional standard operating procedures and can be modified for incorporation into institution documents, as indicated. References that provide additional information on this topic are listed at the end of the guidelines.

1. The patient's vital signs (temperature, pulse, respirations, and blood pressure) should be recorded shortly before transfusion, and after the first 15 minutes and compared to baseline values. Some patients' history or clinical conditions may indicate a need for more frequent monitoring.
2. After the transfusion is initiated, the rate of flow should be observed and regulated, according to the physician's orders.
3. During the transfusion, the patient should be observed periodically, especially during the first 10 to 15 minutes, for signs and symptoms of transfusion reaction.

The Transfusion Reaction Response Guide lists signs and symptoms suggestive of a transfusion reaction and lists actions that should be taken in the event that certain signs and symptoms occur during the transfusion or shortly thereafter. (See Appendix A.)

4. If transfused at a medical facility, the patient should be instructed, prior to transfusion, to alert a health care provider of any discomfort or unusual sensations.
5. Upon completion of the transfusion, the patient's vital signs (temperature, pulse, respirations, and blood pressure) should be recorded, and compared with the previous values.
6. The ordering physician or designee who is familiar with the patient should be available by telephone to handle any complications.
7. In an ambulatory setting, it is important that the patient be given instructions on potential problems following transfusion and a telephone number to call in the event of a reaction.
8. Assessment of the effect of the transfusion (increment in hemoglobin/hematocrit, platelet count or fibrinogen, or correction of PT/INR or PTT, as applicable) is important posttransfusion. Blood specimens (EDTA tube for hemoglobin/hematocrit or platelet count; citrate tube for coagulation parameters) should be collected as ordered by the physician. However, the timing of such phlebotomy may vary, depending on the clinical condition of the patient.

PERTINENT LITERATURE

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