

# RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL

## Blood Transfusion Policy

**Effective Date:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

### 1. Purpose

The purpose of this policy is to establish safe, standardized procedures for blood transfusions at RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL. It aims to ensure patient safety, minimize risks, and comply with national and international standards for blood transfusion practices.

### 2. Scope

This policy applies to:

All licensed medical practitioners, nurses, and laboratory staff involved in blood transfusion

Blood bank personnel and phlebotomists

Trainees, interns, and students participating in transfusion procedures

All patients receiving blood or blood components in the hospital

### 3. Definitions

**Blood Transfusion:** The process of administering whole blood or blood components (e.g., red cells, plasma, platelets) to a patient.

**Donor Blood:** Blood collected from healthy individuals following proper screening and testing.

**Recipient:** The patient receiving the blood or blood component.

**Cross-Matching:** Laboratory testing to ensure compatibility between donor blood and recipient.

### 4. Policy Statement

RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL is committed to:

Ensuring all blood transfusions are safe, appropriate, and evidence-based.

Complying with national regulations and international standards for blood transfusion.

Maintaining accurate documentation and traceability of all blood products.

Promoting staff training and competency in transfusion procedures.

### 5. Blood Request and Ordering

Blood transfusions must be ordered by a licensed physician.

Orders must include:

Patient identification (name, age, hospital ID)

Indication for transfusion

Blood component type, volume, and rate of administration

Date, time, and physician signature

Emergency requests should follow hospital-approved rapid transfusion protocols.

## **6. Donor Blood and Blood Products**

Only blood from certified and screened donors may be used.

Blood must be tested for infectious diseases, including HIV, Hepatitis B and C, Syphilis, and others per national guidelines.

Blood products must be properly labeled with donor ID, blood type, expiry date, and component type.

## **7. Pre-Transfusion Procedures**

Verify patient identity using at least two identifiers.

Review patient history for previous transfusion reactions.

Confirm blood type and cross-match compatibility.

Obtain informed consent from the patient or guardian.

Check vital signs before transfusion.

## **8. Administration of Blood Transfusion**

Only trained personnel may administer blood.

Follow the “Right Patient, Right Blood, Right Component, Right Dose, Right Time” principle.

Monitor patient vital signs during and after transfusion.

Observe for any signs of transfusion reactions, including fever, rash, hypotension, or respiratory distress.

## **9. Management of Transfusion Reactions**

Immediately stop the transfusion if a reaction is suspected.

Notify the treating physician and blood bank.

Provide emergency care as indicated (e.g., antihistamines, corticosteroids, or epinephrine).

Document the reaction in the patient's medical record and report it to the hospital transfusion committee.

#### **10. Documentation and Record-Keeping**

All transfusions must be documented in the patient's medical record.

Records must include:

Blood component type, volume, and batch number

Date and time of transfusion

Name of administering personnel

Patient response and any adverse reactions

Blood bank must maintain traceable records for all blood products.

#### **11. Training and Competency**

Staff involved in blood transfusions must complete initial and periodic training on:

Transfusion procedures and safety protocols

Identification of transfusion reactions

Documentation and reporting requirements

Competency assessments will be conducted regularly.

#### **12. Quality Assurance**

The hospital will conduct audits of blood transfusion practices.

Adherence to infection control, storage, and handling standards will be monitored.

Any adverse events will be reviewed by the Hospital Transfusion Committee, and corrective measures will be implemented.

#### **13. Compliance and Legal Requirements**

All staff must comply with national blood transfusion regulations and hospital policies.

Unauthorized transfusions or breaches in protocol may result in disciplinary action.

#### **14. Review of Policy**

This policy will be reviewed every two years or whenever there are changes in national regulations or international best practices.

Updates must be approved by the Hospital Management Committee.

**15. Acknowledgment**

I, \_\_\_\_\_, acknowledge that I have read, understood, and agree to comply with the Blood Transfusion Policy of RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_