

4 Legal aspects of transfusion

In brief, a practitioner's responsibility concerns patient safety and this encompasses correct identity, blood compatibility, correct handling of the blood prior to and during transfusion, informed consent, reporting of untoward reactions and death, retention of samples and who is permitted to transfuse the patient. Practitioners should be able to justify all requests for blood components.

It is recommended that the practitioner responsible for the transfusion should obtain informed consent for the transfusion from the recipient.

It is the responsibility of the medical practitioner or registered nurse who transfuses a patient with blood components to ensure that a suitable compatibility test has been performed and that the patient has been satisfactorily identified.

- i. The above mentioned persons shall verify that the certificate of compatibility on the container has been completed, and that
- ii. The patient has been satisfactorily identified and is the correct patient for whom the blood in each container to be transfused is intended.

The blood should be kept at 1-6 °C¹ at all times until just before transfusion. An approved warming technique using a device specifically designed for that purpose may be employed immediately prior to transfusion.

The container should remain hermetically sealed until transfusion, and transfusion should be completed within six hours of the unit being opened or entered. No drugs or intravenous fluids may be added to the product, unless required for reconstitution of the product.

Blood or blood products shall not be transfused after the stated expiry date, which is clearly recorded on the label.

At the **commencement and during the transfusion** the patient shall be observed regularly. If the patient shows signs of an untoward reaction to the transfusion the following steps shall be taken:

- i. Stop the transfusion.
- ii. Keep the vein open with normal saline using a new transfusion set.
- iii. Notify the hospital blood bank or Regional Transfusion Service telephonically and complete a written report on the form provided.

¹ Blood must be stored at 1-6 °C and transported at 1-10 °C

- iv. The completed form together with the suspect unit, post transfusion blood samples, and urine sample, shall be forwarded to the transfusion centre or blood bank as soon as possible.
- v. No further transfusion of blood should occur until the reason for the reaction has been determined.

The pre-transfusion specimen, container of blood or blood product, and administration set, should be retained for a minimum of 24 hours and kept at 1-6 °C during this period. For further information regarding the handling of the units and administration set contact your local blood bank immediately after dealing with the patient.

Reactions to blood products may be serological, relating to red cells, leukocytes, protein antigens or bacterial contamination. Additionally the Transfusion Service concerned must be notified of evidence of transfusion-transmitted infections such as hepatitis, malaria or HIV. A description of the signs and symptoms of the most significant reactions and their treatment can be found under the appropriate heading "*Transfusion Reactions*" (see Section 11).