Written authorisation to transfuse a blood component

Blood Transfusion Procedure

Purpose of this procedure:

This procedure outlines how and where the written authorisation to transfuse a blood component should be completed.

It should be noted that staff will often be accustomed to referring to the 'prescription' of blood components. The term prescription legally relates only to medicines listed in the British National Formulary. The agreed term for the written instruction to administer blood components (covered under the UK Blood Safety and Quality Regulations 2005 and not under the Medicines Act 1968) is 'authorisation'.

This procedure must be read in conjunction with the following complementary NHS Lothian Blood Transfusion Procedures:

- Decision to transfuse
- Patient information and shared decision making
- Consent for transfusion

The Procedure:

All blood component transfusions MUST be authorised in the National Transfusion Record by a member of medical staff or designated non-medical authoriser of blood components. This record must be completed in full, kept at the patient's side during the transfusion then filed in the patient's healthcare record after transfusion is completed. For all areas where electronic patient records are in place this document must subsequently be uploaded to the patient's electronic healthcare record.

Text must be clearly written and unambiguous.

Administration instructions must be written in full. Common abbreviations for the blood components (e.g. RCC (red cell concentrate), FFP (fresh frozen plasma) etc. are acceptable in the written authorisation but other abbreviations and the use of symbols (e.g. ° instead of 'hours') must not be used.

The authoriser must complete in full the following sections:

- Patient details (surname, forename, date of birth, CHI number and sex)
- Consent
- Risk assessment for transfusion associated circulatory overload (TACO) on front page of National Transfusion Record
- Which blood components are required and when
- Any special requirements
- Volume and rate of components to be transfused (rate of transfusion should not exceed 4 hours from removal from temperature-controlled storage). A component can generally be authorised in terms of 'units' for adults. For paediatric transfusion, components must always be authorised in terms of appropriately calculated millilitres per kilogram of body weight

When authorising red cells (and platelets) authorisers should consider transfusion of a single unit for non-bleeding patients and reassess after each unit.

Associated materials/references:

NHS Lothian Blood Transfusion Procedure: Decision to transfuse

NHS Lothian Blood Transfusion Procedure: Patient information and shared decision making

NHS Lothian Blood Transfusion Procedure: Consent for transfusion

NHS Lothian Blood Transfusion Guideline: Special requirements in blood transfusion