

Blood transfusion

Standard operating procedure (SOP) | HOS-SOP-008

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Title	Blood transfusion
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.8
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Check the patient identity against the blood product at the bedside, by two staff.
2. Start the transfusion within the time set after the blood is issued.
3. Watch for and record any reaction, and report it at once.
4. Keep the blood cold until use, and log the temperature.

Stop and get help straight away if: a transfusion is started without a two-person identity check.

1. Purpose

To make sure every transfusion goes to the right patient, is monitored, and that reactions are caught and reported (S1.8). Based on the WHO clinical use of blood guidance.

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

Transfusing the wrong blood is one of the most dangerous errors in hospital. Two staff check the patient and the product at the bedside.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Two checking staff	Check identity together at the bedside	Trained in transfusion
Transfusion lead	Owns the procedure and reviews reactions	Senior clinician

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Bedside check form (HOS-FRM-007)	Current	Attached to the blood bag
Blood storage temperature log	Current	Read each day

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Verify.	- Two staff check the patient's name, number and date of birth against the bag label and the request. - Both sign.	Two checks, at the bedside.
2	Start.	- Start within the time set. - Stay with the patient for the first 15 minutes.	Most reactions start early.
3	Monitor.	Check vital signs at the set times during the transfusion.	Watch, record, respond.
4	React.	- If a reaction is suspected, stop the transfusion, keep the line open, and call the senior clinician. - Report the reaction the same day.	Stop first, then decide.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Transfusions with two-person check recorded	100%	Monthly	Transfusion lead	Escalate to chief executive

What is checked	Target	How often	Who	If the target is missed
Reactions reported the same day	100%	Monthly	Transfusion lead	Escalate to clinical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-FRM-007	Bedside transfusion check and reaction record	Record

16. Evidence

ID	Source and status
E-009	WHO guidance on the clinical use of blood (developing a national policy and guidelines).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval