

**COUNTY OF SACRAMENTO  
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Paramedic Monitoring of Blood Transfusions  
During Interfacility Transfers (IFT)**

Policy Number: 6006.01

Initial Date: 11/01/23

Last Approved Date: 06/22/23

Effective Date: 11/01/23

Next Review Date: 06/01/25

\_\_\_\_\_  
Signature on File

EMS Medical Director

\_\_\_\_\_  
Signature on File

EMS Administrator

**Purpose:**

- A. To provide parameters for paramedic monitoring of blood transfusions during IFTs.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Chapter 4, Article 2

**Policy:**

**Paramedic IFT Optional Skills**

- A. Only providers approved by Sacramento County EMS Agency (SCEMSA) may be authorized to utilize Paramedic IFT optional skills.
- B. Written transfer orders from the transferring physician shall be obtained prior to transport. These orders will be attached to the electronic Patient Care Report (ePCR). These orders shall include:
  - 1. Orders for maintaining and adjusting blood transfusion rate during transport.
  - 2. Telephone number where the transferring physician can be reached during transport.
- C. Paramedic personnel must be knowledgeable in the operation of the specific blood delivery/warming device.
- D. Regulation of the transfusion rate will be within the parameters defined by the transferring physician.

- E. Verify the patient and blood with the sending RN by checking the patient ID band against the blood label(s) and blood order for name, blood type, and unit identifying number.
- F. Vital signs will be monitored and documented every 15 minutes and immediately if there is any change in patient status or change in transfusion rate.
- G. Monitor the patient for any signs and symptoms of a transfusion reaction. Monitor temperature for adverse effects if transport time exceeds 15 minutes. The following are the most common types of transfusion reactions that may occur:
  - 1. **Hemolytic reactions:** Hemolytic reactions are the most life-threatening. Clinical manifestations may vary considerably: fever, headache, chest or back pain, pain at the infusion site, hypotension, nausea, generalized bleeding or oozing from the surgical site, and shock. The most common cause is ABO incompatibility due to a clerical error or transfusion to the wrong patient. Chances of survival are dose-dependent; therefore, it is important to stop the transfusion immediately if a hemolytic reaction is suspected. Give a fluid challenge.
  - 2. **Febrile non-hemolytic reaction:** Chills and fever (rise from baseline temperature of 1°C or 1.8°F). Document and report to the hospital on arrival.
  - 3. **Allergic reaction:** Characterized by the appearance of hives and itching.
  - 4. **Anaphylaxis:** This may occur after administration of only a few mLs of a plasma-containing component. Symptoms include coughing, bronchospasm, respiratory distress, vascular instability, nausea, abdominal cramps, vomiting, diarrhea, shock, and loss of consciousness.
  - 5. **Volume overload:** Characterized by dyspnea, headache, peripheral edema, coughing, frothy sputum, or other signs of congestive heart failure occurring during or soon after transfusion. Restrict fluid.
- H. If a suspected transfusion reaction occurs:
  - 1. Interrupt the transfusion immediately.
  - 2. Contact the transferring hospital physician.
  - 3. Consult appropriate treatment protocol.
  - 4. Document any suspected transfusion reactions.
  - 5. Report to hospital staff immediately upon arrival.

- I. The paramedic shall document on the ePCR the total volume infused throughout the duration of the transport.