COUNTY OF SACRAMENTO
EMERGENCY MEDICAL SERVICES AGENCY

Program Document: **Paramedic Monitoring of Blood Transfusions During Interfacility Transfers (IFT)**
Policy Number: 6006.02

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Signature on File	Signature on File
EMS Medical Director	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.