# **Dosing Information**

# **Authorisation Form for Administration of Packed Red Cells**



Referrer to complete in full section in BLUE and RED. Original MUST be received by the ambulatory Care Unit before the patient can receive treatment Green = completed by ambulatory care unit.

Patient Addressograph First name:	Ambulatory Care Unit:
Surname:	
NHS Number:	D.O.B. :

ALLERGIES:			

Results: Result Date

Hb (mmol/L)

Ferritin

Folate

B<sub>12</sub>

(See over for notes on timing of levels)

Prior to transfusion exclude B<sub>12</sub> and Folate deficiency. Iron replacement used if iron deficiency anaemia. NOTE: IV Iron can be used if symptomatic anaemia to reduce transfusion use. Haemoglobin: Transfusion is normally only indicated if Hb is less than 100g/l and patient clinically symptomatic. A restrictive transfusion strategy should be followed with a threshold Hb of 70g/L and target Hb of 70 to 90g/l, unless regular transfusions for chronic anaemia, or acute coronary syndrome. See NICE guidance (NG24), for the thresholds and targets appropriate for the patient, and where possible use single –unit red blood cell transfusions

		Dose	Route	Infusion	Authorisation to administer				Administration				
	Drug / Fluid	Volume		time /	Name	Signature	Date		Batch number	e t	e d	Prepared by	
				Bolus			authorisation	administration	Expiry date	Time Start	Time	Checked by	
ŀ							written*	trai					
	Packed Red Cells	1 unit	IV	2-3 hours				inis					
								qu					
	Sodium chloride 0.9%	10ml	IV flush	Bolus									
	Socium chionae 0.5%	101111	IV IIUSII	Boius				before					
	Deal and and and a	4	13.7	2.24				n be					
	Packed red cells	1 unit	IV	2-3 hours				plan					
lt	- 1							care					
	Sodium chloride 0.9%	10ml	IV flush	Bolus				e c					
								nurse					
	Furosemide	20mg	PO										
								iate					
	Paracetamol	1g PRN	PO					Initiate					

## Weight

- Single unit transfusion increases Hb by 10g/l can at best only be applied to individuals weighing 60-80kg.
- Prescriptions should be reduced in lower body weight individuals: a dose of 4mls/kg typically raises Hb by 10g/l

### **Results:**

- Blood results should be within 2 weeks of transfusion
- If recurrent anaemia B12, folate and ferritin need not be recent

### Consent:

- Informed consent gained from patient, and documented
- Decision to transfuse documented
- Information leaflet given to patient

TACO Checklist

Diagnosis of CCF, severe aortic stenosis,
Moderate/severe LV dysfunction?

On a regular diuretic?

YES / NO

Known pulmonary oedema?

YES / NO

**Ambulatory Care Setting:** The ambulatory care setting is not suitable for multiple transfusions due to the administration time

**Cross Match:** The appropriate cross match must be taken prior to admission (transfusion must be within 48 to 72 hours of sample collection, depending on the laboratory)

**Prescribing Guidance Compliance:** This prescribing meets local guidelines for prescribing Packed Red Cells

### **Patient History:**

- I have undertaken a thorough patient assessment and medical history relating to blood transfusion
- The patient has no contraindications to packed red cells
- I have considered risk factors for transfusion associated circulatory overload (TACO)





- 1. Is the transfusion necessary? Can it be deferred?
- 2. If weight < 50kg: dose by weight
- 3. Consider giving prophylactic diuretic

Clinician responsible for patient follow up (including reassessment of Hb):				
Address:				
Phone number:	E-mail :			

- ☐ A patient information leaflet on Blood Transfusion has been provided to the patient
- ☐ A standard discharge letter has been provided to the patient
- ☐ A standard discharge letter has been provided to the clinician responsible for patient follow up as requested above
- $\hfill \square$  A standard discharge letter has been provided to the GP