

Emergency Blood Transfusion in the Emergency Department Summary Guideline

Reference no.: CG-EMD/2023/011

Aim and Purpose

This guidance standardises the processes required for the collection of emergency blood for use in the ED. It can be used either in advance of patient arrival in the ED or following patient assessment. It will be group O; it may be RhD positive or negative (see the full guideline for further information.)

Obtaining emergency blood in advance of patient arrival

The patient should fulfil the following criteria (assessed from the pre-alert information) before emergency blood is brought to the department in advance of their arrival:

 Injury mechanism suggestive of major trauma or history suggestive of uncontrolled bleeding with haemodynamic instability

OR

Cardiac arrest with suspected haemorrhagic cause

Clinical discretion may be used in applying these parameters.

Emergency blood can be transfused following patient assessment and discussion with a middle grade or consultant.

Obtaining emergency blood

- Contact the emergency blood phone (07384 914100) and provide what patient demographic details are known (e.g. age, gender). Any member of staff can then attend Blood Bank (NOT the fridge) and pick up a prepared box of 2 units of emergency blood immediately; this member of staff does not need to be trained to collect blood.
- 2. If not able to contact the emergency blood phone, a member of staff (who has been trained to collect blood and has electronic access to the fridge room) can obtain two units of O negative blood from the Blood Bank fridge on level 5 at any time. They do not need any patient details to do this; enter "Unknown Unknown" Male or Female and the destination as "ED" on the collection form in the fridge.
- 3. Assistance can be accessed 24/7 either in the blood blank laboratory or at the specimen reception counter.



- 4. Blood should be transported in a designated transport box, giving the ED team 2 hours in which to either use it or return it to the Blood Bank laboratory. Packing of the transport box is facilitated by trained Blood Bank laboratory staff.
- 5. In a dire emergency blood can be carried by hand; in this circumstance it *must* be used or returned to Blood Bank within 30 minutes.
- 6. Ensure the blue tear off tag is returned to Blood Bank to facilitate traceability of blood components when administration has commenced. Include patient details (once known) on this form.

Considerations

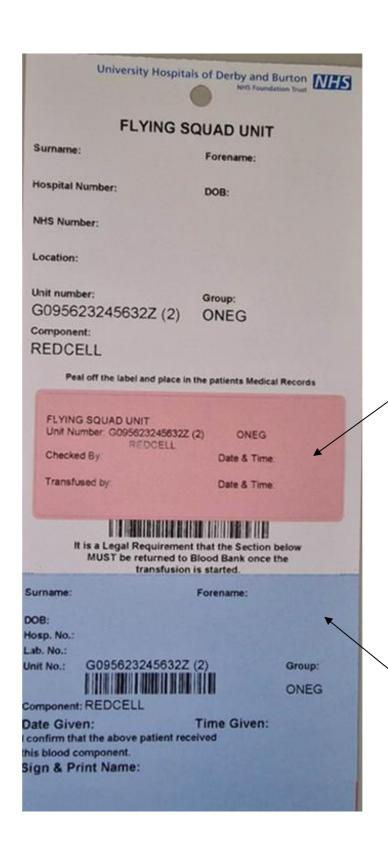
Clinical

- o Ensure bloods taken prior to transfusion if possible
- Consider Major Haemorrhage protocol (activate via emergency blood phone), tranexamic acid and senior input
- Blood obtained may be either O +ve (male age ≥18 or female age ≥50) or O-ve (male age <18, female age <50, or age unknown)

Process

- ALL samples for urgent cross match should be hand delivered to pathology reception – the chute system is unreliable.
- Inform Blood Bank at the earliest opportunity; it will usually be faster to contact the emergency phone in advance of attending Blood Bank as the blood can then be prepared whilst the member of staff collecting the blood in on the way to Blood Bank.
- Hospital number on the emergency blood is for Blood Bank purposes only





Label to be filled in and attached to Prescription form

Staff to enter the receiving patient details on the blue slip- name or **Unknown Male/Female, hospital** number and date of birth and return to Blood Bank ASAP.