# Blood Ordering Pathway v7.0: Table of Contents



Inclusion Criteria

• Blood Ordered.

**Exclusion Criteria** 

· None.

# **Blood Ordering Care**

**Place Orders** 

**Pre-Admit for Surgery** 

**Transfusion Reaction** 

# **Appendix**

**Version Changes** 

**Approval & Citation** 

**Evidence Ratings** 



## Blood Ordering Pathway v7.0: Place Orders



### **Inclusion Criteria**

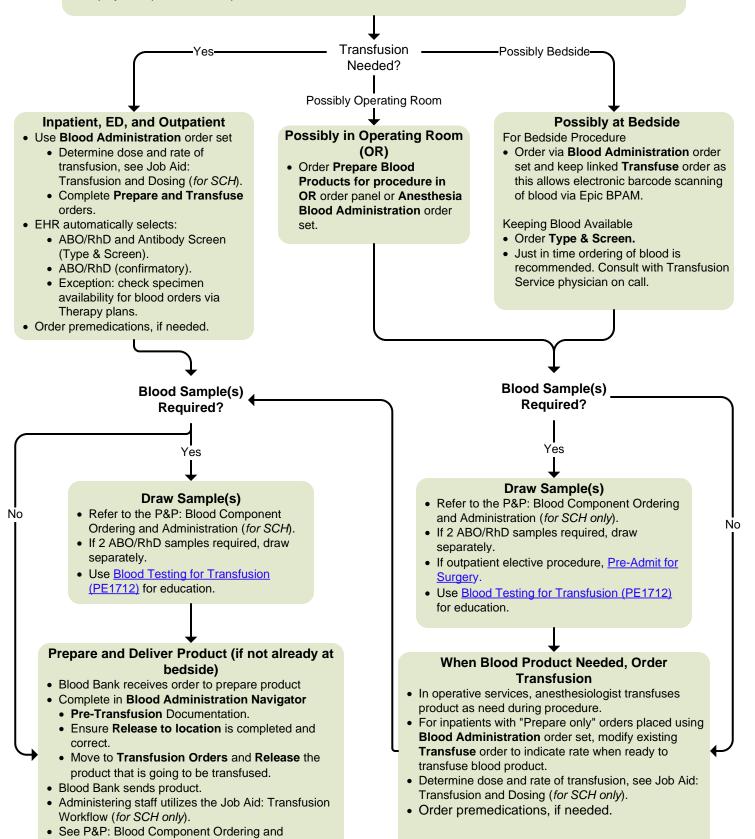
• Blood ordered.

### **Exclusion Criteria**

• Outpatient preadmission for surgery (see next phase).

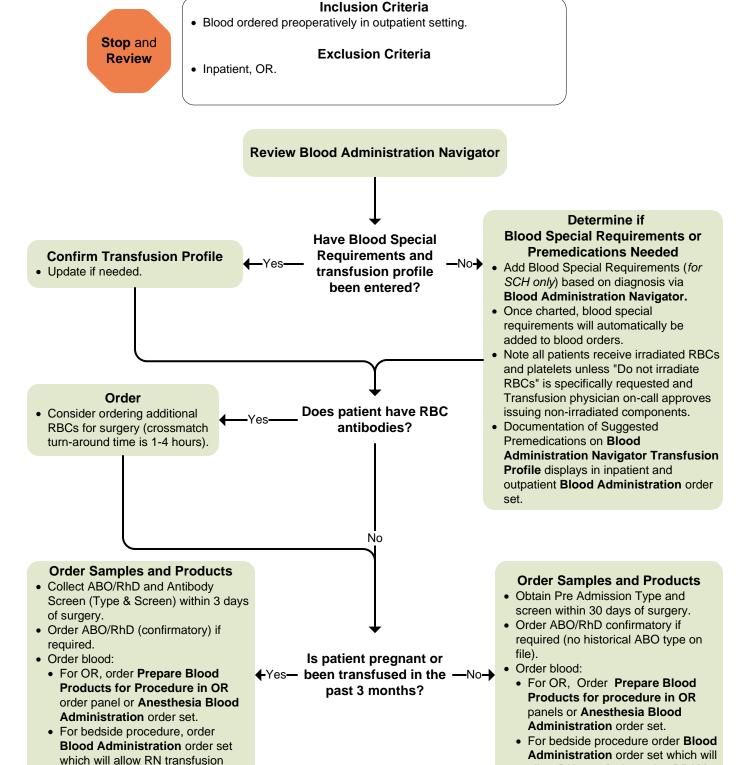
### **Update Blood Special Requirements and Transfusion Profile**

- Add Blood Special Requirements (for SCH only) based on diagnosis via Blood Administration Navigator.
- Once charted, blood special requirements will automatically be added to blood orders.
- Note all patients receive irradiated RBCs and platelets unless "Do not irradiate RBCs" is specifically requested and Transfusion physician on-call approves issuing non-irradiated components.
- Documentation of Suggested Premedications on **Blood Administration Navigator Transfusion Profile** displays in inpatient and outpatient **Blood Administration** order sets.



Administration (for SCH) for handling instructions.

## Blood Ordering Pathway v7.0: Pre-Admit for Surgery



allow RN transfusion using BPAM.

using BPAM.

# Blood Ordering Pathway v7.0: Transfusion Reaction



#### **Inclusion Criteria**

• Blood transfusion in process or completed.

### **Exclusion Criteria**

• None.

For reactions, symptoms, and intervention, go to Job Aid: Transfusion Reaction Decision Tree (for SCH only).

For questions regarding transfusion diagnosis or management, call the Transfusion service for the Transfusion Service physician on call, available 24/7.



#### **Immediate Actions**

- STOP TRANSFUSION IMMEDIATELY (do not discard).
- Keep IV line open.

Last Updated: April 2022

Next Expected Review: April 2027

- · Stay with and assess patient.
- Ask for help if needed.

- Repeat patient/component ID check.
- Call provider to assess patient.
- Document vital signs every 5-10 minutes and actions taken.

### Report

- Order Transfusion Reaction Workup in EHR and add to Problem List if not previously documented.
- Report fatalities, unanticipated reactions, <u>serious complications</u>, or <u>suspected disease transmission</u> possibly related to transfusion of blood or blood components to the Transfusion Service physician on-call as soon as possible.
- Transfusion Service physician reviews all reported reactions.
- Transfusion service notifies blood supplier and FDA when required.

## **Definitions**

### **Serious Complications:**

- Hemolytic transfusion reaction
- Bacterial contamination
- Transfusion-related acute lung injury
- Transfusion-associated graft versus host disease
- Post-transfusion purpura

### Suspected disease transmission (transfusion-transmitted infection) may include:

- Bacterial contamination
- Hepatitis A, B, or C
- Chagas Disease
- HTLV-1 and HTLV-2
- Syphilis
- West Nile Virus
- Human Immunodeficiency Virus (HIV)

**Return to Place Orders** 

**Return to Transfusion Reaction** 



# **Summary of Version Changes**

- Version 1.0 (2/11/2015): Go live.
- Version 2.0 (5/27/2015): Fixed box errors in Preadmit phase.
- Version 3.0 (7/29/2015): Implemented electronic process to request and verify receipt of blood products.
- Version 4.0 (6/28/2016): Updated dosing guidance for blood products.
- Version 4.1 (3/11/2019): Removed erroneous "to bibliogarphy" button.
- Version 5.0 (10/3/2020): Updated algorithm to align with Epic.
- **Version 6.0 (4/1/2021):** Updated the Blood Special Requirements page in response to new platelet products being received from the American Red Cross and Bloodworks NW.
- **Version 7.0 (4/29/2022):** Periodic review go live with new formatting style and no changes to recommendations. Removed Blood Special Requirements page.

## **Approval & Citation**

### Approved by the CSW Blood Ordering Pathway team for April 29, 2022, go-live

### **CSW Blood Ordering Pathway Team:**

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Pathway Co-Owner

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Retrieval Website: <a href="https://www.seattlechildrens.org/pdf/blood-ordering-pathway.pdf">https://www.seattlechildrens.org/pdf/blood-ordering-pathway.pdf</a>

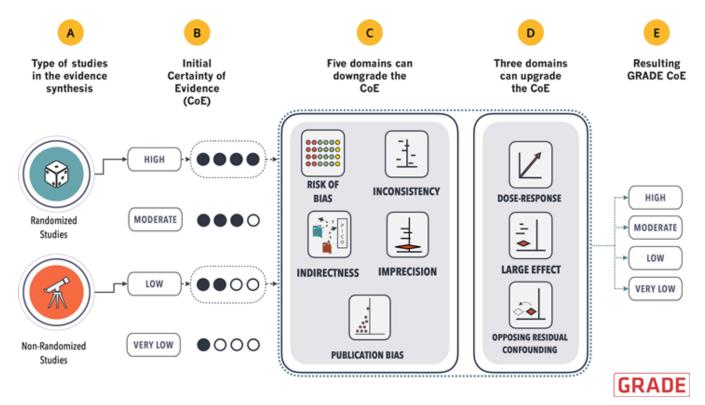
### Please cite as:

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## **Evidence Ratings**

This pathway was developed through local consensus based on published evidence and expert opinion as part of Clinical Standard Work at Seattle Children's. Pathway teams include representatives from Medical, Subspecialty, and/or Surgical Services, Nursing, Pharmacy, Clinical Effectiveness, and other services as appropriate.

When possible, we used the GRADE method of rating evidence quality. Evidence is first assessed as to whether it is from randomized trial or cohort studies. The rating is then adjusted in the following manner (from: Guyatt G et al. J Clin Epidemiol. 2011;4:383-94, Hultcrantz M et al. J Clin Epidemiol. 2017;87:4-13, Klugar et al. J Clin Epidemiol. 2021 Nov 11;S0895-4356(21)00361-9.):



Source: Carlos Cuello

### **Certainty of Evidence**

◆◆◆◆◆ High certainty: The authors have a lot of confidence that the true effect is similar to the estimated effect

● ● ● O Moderate certainty: The authors believe that the true effect is probably close to the estimated effect

◆◆○○ Low certainty: The true effect might be markedly different from the estimated effect

OOO Very low certainty: The true effect is probably markedly different from the estimated effect

Guideline: Recommendation is from a published guideline that used methodology deemed acceptable by the team Expert Opinion: Based on available evidence that does not meet GRADE criteria (for example, case-control studies)

Deductions labeled 1=risk bias, 2=indirectness, 3=imprecision, 4=inconsistency, 5=publication bias

### **Literature Search Methods**

For this update, we revised the search strategies in line with current Library practices. A literature search was conducted in September 2020 to target synthesized literature on patient blood management, blood specimen collection, blood administration, blood transfusion and blood safety for 2015 to current and limited to English and humans. The search was executed in Ovid Medline, Embase, Cochrane Database of Systematic Review (CDSR), and Turning Research into Practice database (TRIP).

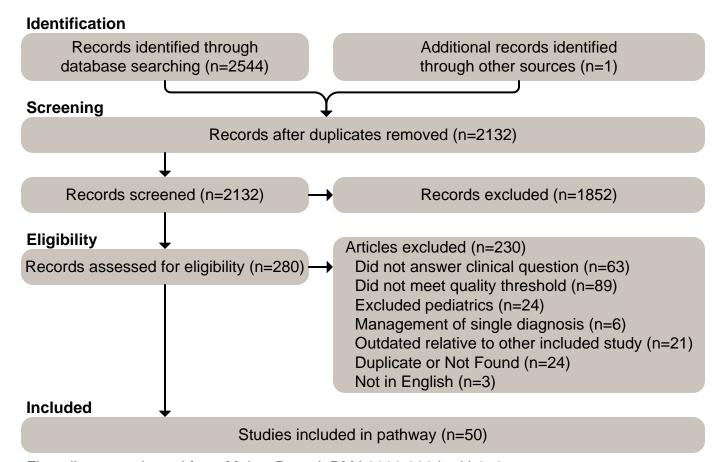
Screening and data extraction were completed using DistillerSR (Evidence Partners, Ottawa, Canada). Two reviewers independently screened abstracts and included guidelines and systematic reviews that addressed blood management, specimen collection, administration, transfusion, and safety. One reviewer screened full text and extracted data and a second reviewer quality checked the results. Differences were resolved by consensus.

#### Literature Search Results

The searches of the 4 databases (see Electronic searches) retrieved 2544 records. Our searches of other resources (known guidelines) identified 1 additional study that appeared to meet the inclusion criteria.

Once duplicates had been removed, we had a total of 2132 records. We excluded 1852 records based on titles and abstracts. We obtained the full text of the remaining 280 records and excluded 230.

We included 50 studies. The flow diagram summarizes the study selection process.



Flow diagram adapted from Moher D et al. BMJ 2009;339:bmj.b2535

### **Included Studies**

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### **Medical Disclaimer**

Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required.

The authors have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication.

However, in view of the possibility of human error or changes in medical sciences, neither the authors nor Seattle Children's Healthcare System nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from the use of such information.

Readers should confirm the information contained herein with other sources and are encouraged to consult with their health care provider before making any health care decision.