Transfusing via Syringe Pumps

In some patient populations (e.g. peds, neonates), a portion of a unit of Red Blood Cells (RBCs) may be ordered for infusion. The following will describe how to prepare the blood for a syringe infusion pump.

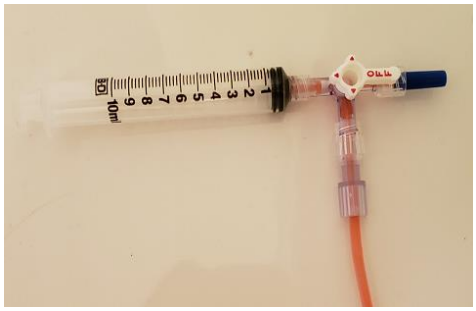
1. Follow blood administration policy CL-BP-030 to request red blood cell (RBC) unit from Transfusion Medicine

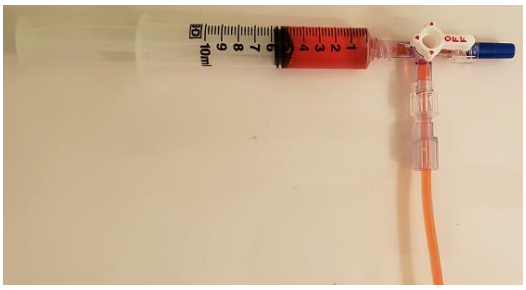
2. On receipt of RBC, visually inspect and gently mix the bag. Confirm volume to be transfused as well as rate ordered.

3. Using blood administration tubing, spike the RBC unit and draw the desired volume through the blood administration tubing into an appropriately sized syringe via a 3-way stopcock.

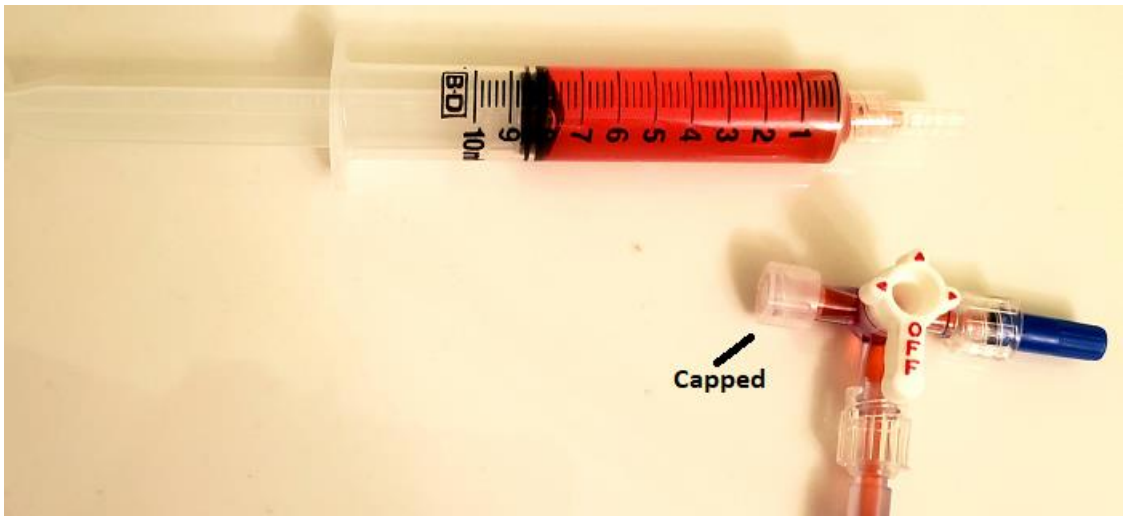
   Syringe pumps used in NSH will take a syringe from 5mL-60mL. Use the most appropriate syringe for the volume ordered to draw the RBCs from the bag through the blood administration tubing. The contents of the RBC unit may be used to prime the filter/line (the second spike of the blood administration tubing may remain clamped off).

   To operate a 3 way stop cock – the lever will control which way the line closes. To open a channel between the blood tubing and the syringe, ensure the lever is pointed towards the unused port (away from the syringe and blood tubing). See pictures:





   To remove the syringe and avoid spilling blood, point the lever towards the blood tubing and then recap the end to maintain sterility (see next page).



4. Connect the FK pump tubing to the syringe to maintain sterility of the syringe.

5. Label and Check: Apply a patient ID label to syringe (see example below). Ensure ALL information matches on the patient's ID, the TM Tag and the CBS label - A bar code sticker from the bag can also be placed on the syringe. KEEP THE REMAINING BLOOD AND TM TAG ON THE IV POLE

6. Insert the syringe and line into the syringe pump, prime the line with the blood to be transfused.

7. Program the pump to run as per the AP's order.

8. Monitor the patient closely for signs of an adverse event (e.g. fluid overload) If there is a reaction, follow the adverse event algorithm and the blood administration policy.