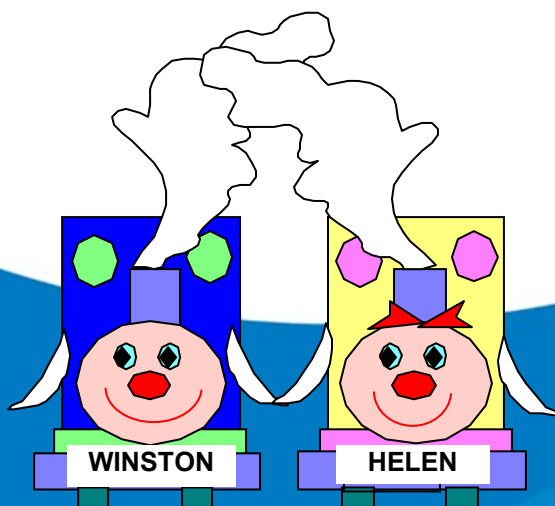


Blood Transfusion

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Why give a blood transfusion

There are many reasons a blood transfusion may be necessary, such as a low haemoglobin or more urgent reasons such as blood loss following an operation or a road traffic accident.

Like all treatments, blood transfusions should only be given if essential. Your doctor will discuss options with you before any decisions are made.

There are many other long term diseases that may require blood transfusions on a more regular basis such as Leukaemia, various types of anaemia and other rare conditions. If your child requires a blood transfusion the doctor will explain the reason for the transfusion and will also discuss the benefits and risks to the procedure.

Benefits of the procedure

A blood transfusion may be the only procedure which is going to be beneficial for your child.

The benefits of the transfusion depend on the reason for it being given, such as to raise a low haemoglobin level to an acceptable limit. Doctors do not decide to give blood transfusions unless absolutely necessary.

Risks of the procedure

Most people tolerate blood transfusions very well. But, like any medical procedure, there are a few risks involved. However, all staff involved with this procedure are trained to recognise and treat them. These include the following:

- **Fever.** Patients often get a fever with a blood transfusion, sometimes along with chills, a headache, or nausea. These symptoms can be caused by a reaction between the recipient's immune system and immune cells in the donor blood. When this happens, doctors will stop the transfusion and give the patient fever-reducing medication. When the patient's temperature is back to normal, the transfusion can usually continue.
- **Allergic reaction.** Allergic reactions to blood transfusions (like hives or itching) happen because of a reaction between the recipient's immune system and proteins in the donated blood. In a few rare cases, an allergic reaction can be severe (a condition called anaphylaxis). Stopping the transfusion and giving the patient medications for allergy, including antihistamines and steroids, can treat these reactions. If the reaction is mild, the transfusion can start again. If it is more serious, doctors may have to take other measures before they can begin the transfusion again.
- **The biggest risk from receiving blood is being given the wrong blood.** Patients must be correctly identified to make sure your child gets the correct blood. There are set hospital guidelines and procedures in place to ensure your child's safety such as wearing an identity band and double checking blood information with patient records to prevent any mistakes. You and your child should be asked to state their full name and date of birth and that the details match their identification band
- **Allergic reaction.** Allergic reactions to blood transfusions (like hives or itching) happen because of a reaction between the recipient's immune system and proteins in the donated blood. In a few rare cases, an allergic reaction can be severe (a condition called anaphylaxis). Stopping the transfusion and giving the patient medications for allergy, including antihistamines and steroids, can treat these reactions. If the reaction is mild, the transfusion can start again. If it is more serious, doctors may have to take other measures before they can begin the transfusion again.

- Haemolytic reaction. The word haemolysis (pronounced: heh-mah-luh-sis) means the destruction of red blood cells. This reaction can be life threatening. It occurs when the patient's blood and the donated blood do not match. When the types do not match, the recipient's immune system attacks the red blood cells in the donated blood and destroys them. If a hemolytic reaction occurs, doctors stop the transfusion and treat the symptoms. Hemolytic reaction is very rare, though, as health care professionals take many precautions to confirm a patient's and donor's blood are compatible before giving a transfusion.

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How will the Blood transfusion be given ?

On the day the transfusion is requires a tiny tube (cannula) will be inserted into a vein and secured well so that it does not fall out. Special numbing cream can be applied prior to insertion of the cannula to enable a comfortable procedure. The blood transfusion will usually take 4 hours to complete, throughout this time the child's blood pressure, respiratory and pulse rates and temperature will be monitored before and throughout the procedure to ensure the child's safety.

Occasionally a drug such as a diuretic frusemide will be given in the middle of the transfusion this will encourage the child to pass urine (wee) thus reducing the fluid volume in the circulation.

After the blood transfusion has been given, your child will be able to continue as normal. There may be need to take some blood to test if the transfusion has worked. This will be discussed by your doctor or nurse prior to this happening.

If your child is attending as an out patient once the transfusion is complete the child is usually allowed home and a suitable follow up arranged. If you have any concerns about your child's treatment you should always discuss these fully with the doctor or nurse prior to the procedure being undertaken.

If you have any further questions, please contact your child's consultant via their secretary via the hospital switchboard. The secretaries are available Monday to Friday, 9.00 am to 5.00 pm

If you need to contact the department outside of these hours, please phone either:

Ward 3F	0151 430 1616
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