Surgical Case 5: Lloyd Bennett

Guided Reflection Questions

1. How did the scenario make you feel?

- It made me feel a lot more knowledgeable. At first, I didn't know what was really going on with the patient but when I saw the doctors' orders, I figured what was going on with my patient's health. It did make me feel a little unknowledgeable at first, but I learned a lot through this case and seeing my patients' orders.

2. Prior to blood administration, what assessments of the blood product and the patient are required to promote safe delivery and lessen potential complications?

- We should have a blood transfusion consent, blood typing & cross matching prior to blood administration. Also use 2 patient identifiers, have 2 nurses check at the bedside the transfusion, and ask for allergies always. Another assessment you should do is vital signs such as heart rate, blood pressure, temperature, and respiration rate which should be monitored before and after the transfusion.

3. What signs and symptoms first indicated the patient was having a transfusion reaction?

- Patient will have fever, chills, trouble breathing, lower back pain, and nausea.

4. Review the immediate priorities when a transfusion reaction occurs and the rationale for each.

- It should be stopped immediately because this will stop the situation from getting worse and worse. Patient could die from the transfusion still going on. The patient's IV line should be kept open to use appropriate fluids such as normal saline. To always keep the line patent. Make sure to check the product bag and recheck the patient's info on it. We need to let the blood bank know about the reaction immediately to prevent this situation from happening again. Immediately we need to check the patients' vital signs as well.

5. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

- S: Patient is Lloyd, full code, male, admitted with femoral fracture, we did a blood transfusion of 100 units/ hour, but he had a reaction to it, so we stopped it, did normal saline 100 ml/ hr. through IV

-B: He is 76-year-old, he is alert, awake, & LOC is great. Had the reaction to the transfusion we stopped it, monitored vital signs, let blood bank know ASAP

-A: His problem was the blood transfusion reaction, he will be needing different packed RBC, I assessed all his vital signs, did more labs, just needs to be monitored more frequently to assess all vital signs.

-R: I recommend my patient to be monitored for any reactions continuing, all labs were done and sent, keep patient hydrated, monitor hemoglobin since it has been low, contact blood bank to keep updated on when he can get his blood transfused again.

6. What follow-up blood work may be required?

- It would be Complete blood cell count, complete metabolic panel, liver function tests, including bilirubin and kidneys (BUN & CR).

7. What follow-up disclosure is required with Lloyd Bennett and his family?

- They would need to know why and how it all happened. That way this situation won't repeat again because it can harm the patient's health. They need to know the list of antibodies to be presented to the transfusion service. I would let his family know what procedure will be next after what had happened. We won't ever leave them alone we will always follow up with them.

8. What would you do differently if you were to repeat this scenario? How would your patient care change?

- One thing I would do differently is recheck my patients' vital signs after their reaction to the transfusion. I didn't do that the first time so I would do it and it makes sense to why. It's important to see where your patient stands and see how well their tolerating everything. It can tell us how their health is going. Another thing I would do differently would be to stop the transfusion once I see my patient is having a reaction. I didn't stop it the first time so now I know I need to so it can save my patients life. It important to stop it so it can stop further damage to my patient's health.