

Guided Reflection Questions for Surgical Case 5: Lloyd Bennett

Opening Questions

How did the scenario make you feel?

I felt great doing this scenario. I think it was easy compared to the other scenario like Carl Shapiro with the cardiac problem. I believe that I acted rapidly and followed the correct protocol for blood transfusion reactions. I felt confident in my response with this scenario.

Scenario Analysis Questions*

PCC/S/EBP Prior to blood administration, what assessments of the blood product and the patient are required to promote safe delivery and lessen potential complications?

The assessment that need to be done to promote safe delivery are

- Reason for the blood transfusion and Assess the lab values
- Pt consent
- Full set of vital signs
- Making sure the IV is 18 or 20 gauge.
- Assessing patient's IV for redness, swelling, pain, and infiltration.
- Two nurses must verify the blood, patient ID, and type and crossmatch
- The patient's name, MR number and date of birth must be verified.
- Check integrity or sign of contamination such clot, bubble in the blood
- Check the the expiration date of the blood
- Administer the blood within 30 minutes of release from the blood bank
- Stay with the Pt for 15 mins and assess for any reactions.
- The blood should be infused within 4 hours.

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

When the patient complained of back pain, he became anxious, and he started having chills.

PCC/EBP Review the immediate priorities when a transfusion reaction occurs and the rationale for each.

- Stop the transfusion immediately. To prevent worsening conditions like cardiac arrest, respiratory arrest or death.
- Change the IV tubing. To prevent further infusion of the blood.
- Notify the provider. For further assessment and interventions
- Initiate a 0.9% normal saline to infusion in a new IV tube. To dilute the transfusion and minimize its effect.
- Obtain Vital signs. To prevent further complications and deterioration in the patient's condition.
- The IV tubing and blood must be sent to the blood bank. For further analysis.

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

S: Mr Bennett had a transfusion reaction. The blood bank is contacted. The treatment started.

B: Mr Bennett is a 76-year-old male. He underwent a left hip arthroplasty yesterday. Hgb level was 6.9 g/dL. The provider ordered 2 units of PRBC. He quit smoking 10 years ago. Pt has no previous known allergies.

A: Patient complained of back pain. RR: 22, HR:102, T: 98.6 F (37 C) tympanic . Pt rated pain level of 4 out of 10. Patient is AOX4. The transfusion was stopped. The left hip dressing is clean, dry and intact. An infusion of normal saline is started at 100mL/hr.

R: Continue to monitor vital signs every 15 minutes. Call Provider if the patient deteriorated. Notify the provider when lab results are available. Follow up on education of the patient

Concluding Questions

What follow-up blood work may be required?

CBC (WBC, RBC, Hgb, HCT, PLT), BMP (Glucose, Calcium, Sodium, Potassium, Carbon dioxide, Chloride, BUN and Creatinine) and PT/PTT, INR.

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

Lloyd and his family must be made aware of the transfusion reaction and the treatment plan to maintain Mr. Bennett safety. And the family should be notified about the lab result when it comes back. The Pt and his family should also be made aware that investigation as to why reaction occurred is being done and they will be notified accordingly.

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

What I would have done differently is to flush the IV line prior to administering that PRBC drip.