What happens first?

If your doctor thinks there is a chance you might need a blood transfusion they must first have your blood tested. A doctor completes a request form for you to have a blood test. The test will find out your blood group and if you have any antibodies. Your blood group and the presence of any antibodies needs to be identified to match your blood with the donor blood transfusion.

A needle is used to take a blood sample from your vein. The staff member who collects this sample will ask you to state your name and date of birth, and may also ask you to check the spelling is correct on the blood sample. Ensuring you are accurately identified (by checking with you and checking all paperwork) is vital to ensure your safety. It is a step that should never be missed, even if you know the staff and the staff know you. This is because there may be other patients who may have the same name or same date of birth as you.

Once collected, the blood sample is sent to a laboratory where it is tested by a laboratory scientist. Your blood group and the detection of any antibodies that are found will determine the length of time the test takes.

Your blood group may be O, A, B or AB, and you will be either positive or negative. Positive or negative refers to the Rhesus factor. The Rhesus factor is the name given to a blood group protein which is attached to red blood cells. Some people have this protein on their red blood cells and others do not. In general if you have Rhesus factor you are positive and if not you are negative. Antibodies can also be found in your blood. Some are common and some quite rare. If you have rare antibodies, the laboratory scientist will need to do some extra testing on your blood, which will take extra time.

Do I need to have a transfusion if my blood group is tested?

Having your blood tested and blood group identified does not mean you need a transfusion. Often this testing is performed just in case, even when a blood transfusion is unlikely. Once your blood is tested, it means blood can be provided quickly, should you need it. The blood sample testing and blood matching can take a long time, which is another reason testing is done even when transfusion is unlikely. Even if a transfusion is unlikely, you should ask your doctor any questions you have. Refer to your patient information brochure for a list of questions you may like to have answered.

If you have any religious, physical or lifestyle reasons for not wanting to have a blood transfusion you should discuss these with your doctor.

Why do I need a transfusion?

Don’t be afraid to ask why you need a transfusion. Your doctor or nurse can tell you why, and what sort of blood product you may need.

Some common reasons for a transfusion are:

• an accident or operation where you have lost some of your blood
• an illness that affects the way your blood cells work
• treatment for cancer that affects the way your body makes blood cells
• blood loss caused by some other illness or condition.

The type of blood product you need will depend on your illness or injury.
How long will it take for the laboratory to prepare my blood for transfusion?

There are many factors which determine how long it will take for your transfusion to start, once the doctor has decided to order the transfusion. These include:

- if your blood group has not been tested recently (there are rules about how long the test is valid for), this will need to be done first or repeated.
- the amount of time it takes to test your blood in the laboratory depends on your blood group and if any antibodies are found in your blood.
- where the blood you need is stored. If you have a rare blood group or antibody there may not be any suitable blood for you in the hospital. In this case, blood will have to be ordered specially from the Australian Red Cross Blood Service.

It is important to know that if you require blood urgently to save your life, hospitals have emergency systems in place to support you. If you would like further information about a particular blood product please refer to the Blood Matters information sheet called ‘Blood Transfusion: have all your questions been answered?’ or visit: [http://www.transfusion.com.au/fact_sheets](http://www.transfusion.com.au/fact_sheets)

How do I receive the blood?

The blood will be transfused intravenously (IV) – this means it will go into your vein via a tube (called a cannula, usually in your arm). The blood is in a bag that is attached to the cannula with tubing.

Two staff members will check the blood product at your side. They will ask you to state your name and date of birth again. Even though you may be known to the staff, this check is for your safety and must be done.

The labels on the blood bag will also be checked carefully against the details on your identification band, and any paperwork that comes with the blood. If the details on the blood bag and your identification band do not match exactly, the transfusion cannot go ahead.

How long does the transfusion take?

- Red cells usually take between 2 and 3 hours per bag
- Platelets usually take 20 to 30 minutes per bag
- Plasma also usually takes 20 to 30 minutes per bag.

Blood can be given as fast as your body can safely tolerate. A doctor will assess and decide how fast this is, and a nurse will monitor that you are okay during the transfusion. A doctor or nurse may not be with you through the whole procedure, but someone will come back to check that you are okay at times during the transfusion. A blood transfusion must not take longer than 4 hours. This is because there is increased risk of transfusion reaction after this time.

After 4 hours, even if the bag is not empty, the transfusion must be stopped. If you need more blood, a fresh bag will be started.

How will I feel during the transfusion?

Your nurse or doctor will keep a close eye on you during the transfusion. Your temperature, pulse and blood pressure will be tested before the transfusion starts, as well as several times during the transfusion and at the end. If you feel unwell at any time, please tell a nurse or doctor, even if they have just seen you.

You may feel normal or you may feel some side effects. Side effects are not very common but could occur during, or after a blood transfusion.

These could include:

- hot flushes or cold chills
- rash, hives
- nausea, vomiting
- shortness of breath
- blood in your urine
- back pain
- light headedness or dizziness.

If you experience any of the symptoms listed above, or anything else unusual during or after your transfusion, it is important that you seek medical advice.

You may be asked to stay at the health service for a little while after your transfusion finishes so that you can be checked. At any time during your transfusion be sure to ask your nurse or doctor if you would like more information.

If you would like further written information please also refer to the Blood Matters information sheet ‘Blood transfusion: Have all your questions been answered?’