Drug Therapy Protocols:  
Packed Red Blood Cells – Group O negative

<table>
<thead>
<tr>
<th>Policy code</th>
<th>DTP_PABC_1118</th>
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</thead>
<tbody>
<tr>
<td>Date</td>
<td>November, 2018</td>
</tr>
<tr>
<td>Purpose</td>
<td>To ensure a consistent procedural approach to Packed Red Blood – Group O negative administration.</td>
</tr>
<tr>
<td>Scope</td>
<td>Applies to Queensland Ambulance Service (QAS) clinical staff.</td>
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<tr>
<td>Health care setting</td>
<td>Pre-hospital assessment and treatment.</td>
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<tr>
<td>Population</td>
<td>Applies to all ages unless stated otherwise.</td>
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<tr>
<td>Source of funding</td>
<td>Internal – 100%</td>
</tr>
<tr>
<td>Author</td>
<td>Clinical Quality &amp; Patient Safety Unit, QAS</td>
</tr>
<tr>
<td>Review date</td>
<td>November, 2021</td>
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All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

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Drug class
Haemoglobin replacement

Pharmacology
Packed red blood cells (PRBC) replace lost haemoglobin, aiming to improve oxygen carrying capacity of the blood and volume replacement.[1,2]

Metabolism
N/A

Indications
- Ongoing haemodynamic instability secondary to haemorrhage (following an appropriate volume resuscitation strategy)

Contraindications
- Non-consenting conscious patient (e.g. Jehovah Witness)

Precautions
- Previous transfusion reaction
- Immunosuppressed patients
- Hyperkalaemia

Side effects
- Acute haemolytic transfusion reaction
- Acute febrile transfusion reaction
- Anaphylaxis/allergic reactions
- Infection (bacterial, viral including low risk for HIV, Hep C and other blood borne viruses)
- Fluid overload
- Acute lung reaction
- Electrolyte imbalances
- Hypothermia
- Acidosis

Presentation
- 200–400 mL bag, Group O negative PRBC

Onset (INF) | Duration (INF) | Half-life
---|---|---
Immediate | Variable | N/A
Special notes

- Ambulance offers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the QAS Clinical Consult and Advice Line.
- Each unit contains enough haemoglobin to raise the haemoglobin concentration in an average size adult by approximately 10 g/L.
- PRBC should be mixed thoroughly by gentle inversion before use and then transfused through an intravenous line approved for blood administration incorporating a standard 170 – 200 micrometre filter.
- Patients receiving transfusions shall be monitored for signs of potential complications of transfusions and any suspected problems must be dealt with swiftly and efficiently. Severe reactions are most likely to occur within the first 15 minutes of the transfusion. If any reaction occurs cease infusion immediately and discuss with RSQ coordinator or QAS Clinical Consultation and Advice Line (as appropriate). Clinical presentation of transfusion reactions include: tachycardia, hypertension, fever, rigors, headache, myalgia, altered level of consciousness, bronchospasm, pulmonary oedema, and worsening coagulopathy.[1]
**Adult dosages**

<table>
<thead>
<tr>
<th>Route</th>
<th>CCP ESoP aeromedical – RSQ consultation and approval required in all situations.</th>
</tr>
</thead>
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<tr>
<td>IV INF</td>
<td>CCP ESoP HARU – QAS Clinical Consultation and Advice Line approval required in all situations.</td>
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<tr>
<td>PRN</td>
<td>– titrate according to the indication and patient’s physiological response to treatment. Administer via a QAS approved blood warmer (Belmont® buddy lite™/enFlow®).</td>
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**Paediatric dosages**

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**Ongoing haemodynamic instability secondary to haemorrhage** (following an appropriate volume resuscitation strategy)

- **CCP ESoP aeromedical – RSQ consultation and approval required in all situations.**
- **PRN** – titrate according to the indication and patient’s physiological response to treatment. Administer via a QAS approved blood warmer (Belmont® buddy lite™/enFlow®).