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Paediatric blood transfusion

Patient information leaflet

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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What is a blood transfusion?

A blood transfusion is the process of giving blood donated by one person to another person who needs it.

Blood is made up of three different kinds of cells:

- Red blood cells.
- White blood cells.
- Platelets.

Blood cells are held together and swim around in yellowy liquid called plasma.

A blood transfusion may involve your child being given one or maybe all of the following:

- Red blood cells.
- Plasma.
- Platelets.
- Cryoprecipitate.

After the blood transfusion:

Your child will be able to continue as normal. They will be transferred back into the bed space they were moved from for the transfusion and may 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.

It is important to know that if your child has had a blood transfusion, they will not be able to donate their own blood in the future.

How will the blood transfusion be given?

On the day the transfusion is required, a tiny tube (cannula) will be inserted into a vein and secured well so that it does not fall out.

Special numbing cream/cold spray can be used prior to insertion of the cannula to enable a comfortable procedure.

The blood transfusion will usually take 4 hours to complete, your child's blood pressure, respiratory, pulse rates and temperature will be monitored before and throughout the procedure to ensure the child’s safety. The transfusion will take place in one of our High Dependency unit (HDU) beds.

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.

Why give a blood transfusion:

A paediatric blood transfusion is the process of replacing a child's blood or blood components that they have lost due to various medical conditions or injuries.

It is a vital procedure, especially for children with blood disorders, those undergoing surgery or experiencing trauma, and those with severe anaemia.

The decision to transfuse is carefully weighed against the potential benefits and risks, and consent is obtained whenever possible.

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

Refusal of blood or blood components may arise for many reasons, including religious beliefs or concern about blood-borne infections. Staff will always try to work with children, and families who refuse blood or blood components.

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 raised a low haemoglobin level to an acceptable limit. Doctors do not decide to give blood transfusions unless absolutely necessary.

Blood transfusion risks:

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.

Haemolytic reaction - 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 haemolytic reaction occurs, doctors stop the transfusion and treat the symptoms.

Haemolytic 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.

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 their full name and date of birth and that the details match their identification band.