

FLUID & BLOOD SERVICE OF 12TH GENERAL HOSPITAL

Organization:

1. A central system handling all fluid, blood and plasma.
2. May be located in central supply area, operating area, laboratory or in a specific area as may seem indicated by equipment or necessity of the physical plant.
3. Basic requirements are:
 - a. Speed and simplicity in handling blood and fluids.
 - b. Ability to expand or contract as circumstances demand.
 - c. A specific unit that may be placed in any part of the hospital and operate efficiently.
 - d. Must not handle contaminated apparatus or be near any source of bacterial contamination.
4. Divisions of departments:

a. Storage:

Function: To keep an orderly store of all fluids, blood, or plasma available for immediate use.

Equipment: Shelves
Ice box (if we have fresh plasma or blood). Daily inventory records.

b. Filing:

Function: Keep a list of donors with their type and serology. File records of cases receiving blood, plasma, or fluids. Handle counter for dispensary fluids, etc., and keep tract of apparatus that is out.

Equipment: Files—

Fluid and transfusion record forms.

c. Sterilization department:

Function: Keep all tubing, needles, bottles, etc., physiological-ly clean.

Sterilize gowns, gloves and apparatus necessary for drawing blood.

Prepare solutions for I.V. or subcutaneous use.

Prepare citrate solution and transfusion bottles.

Prepare sets for "cutting down" vessels.

Equipment: Bottles or flasks with rubber 2-hole stoppers.

Soft rubber tubing.

Needles: 1 1/2 in. - 18 to 22 gage for I.V.

3 in. - 22 to 27 gage for subcutaneous use

(beaded if possible)

1 1/2 in. - 14 to 16 gage for transfusions

Hype - for novocaine solution when cutting

down on veins.

Cannula

Gowns, caps, rubber gloves and folders, masks, towels

Tables and wooden boards for wrapping tubing to sterilize

Medicine glasses, scalpels, silk or cat-gut (small)

small scissors, curved Kelly hemostats, needle holders,

curved cutting and round needles, 2 cc. syringes, small

towel clips.

Large funnels - glass

Filter paper.

Berkfeld filters if available.

Triple distillation apparatus.

HOSPITAL Autoclave - in department or immediately available.
 Brushes for tubing and other glassware.
 Running water - hot and cold.

d. Laboratory Department: Organization

Function: To do typing, cross matching and serology.
 Prepare plasma from blood.

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 - b. Ability to expand or contract as circumstances demand.
 - c. A specific unit that may be used in hospital and
 - d. Must not handle contagious bacterial contents.

e. Section for drawing blood:

Function: Draw blood for indirect transfusions, and for preparation of plasma.

- Equipment: Simple operating table.
 Arm boards.
 Sterile equipment listed under sterilization department.
 Rubber bulbs to create negative pressure in flasks.
 Iodine and alcohol or soap and water
 Rubber tubing for tourniquet
 Blood pressure apparatus
 Spirits of ammonia
 5 % citrate solution (sterile); (Also listed above)

Note: Direct transfusion will be scheduled and done in O. R. as any other operation by Medical Officer.

5. Personnel: One enlisted man with NCO rating to be in charge and run the entire department, including typing, serology and drawing and storing blood. Preferably with primary training in laboratory.
 One enlisted assistant, preferably with primary training in operating room.

Supervisory committee of officers:

1. Appointed from surgery - one
2. Appointed from medical - one
3. Appointed from laboratory - one

6. Fluid and transfusion record and operation of department:

OBVERSE REVERSE

12TH GENERAL HOSPITAL
 FLUID AND TRANSFUSION RECORD
 DATE: _____

Recipient's (name): _____ Wd. Diagnosis of case: _____
 ASN Rank _____ Co. (Reg. #) - Type _____

500 cc. = 1 unit. Designate fluid in unit
 Whole bld. _____ Citrated bld _____ Plasma _____
 Iso-saline _____ 5% glucose in saline _____
 5% glucose sol. _____ 10% glucose sol. _____
 Miscellaneous, describe: _____

M.C. Reaction: _____
 Officer Requesting _____

Brief description of reaction:

If transfusion fill in this section.
 Type of recipient _____ Type of donor _____
 Cross typing result _____ History of allergy? _____

OBVERSE

REVERSE

Serology of donor _____

Time given: Day: _____ Hour: _____

Time required to run in: _____

M.C. _____

Laboratory service _____

COMPLETE THIS SIDE ONLY FOR

BLOOD OR PLASMA

Name of the patient _____ Wd. _____

Service _____

Date and time fluids were received _____

(Form for use of Fluid Service)

The above record is initiated by person requesting fluids, plasma, or blood for patient and signed immediately by M.C. if for transfusion or plasma. Signature of nurse on ward will suffice if other fluids are drawn.

The form is taken to fluid service depot where the fluid or blood is obtained. The portion of form below the dotted line is retained by fluid depot and the other form returned with fluid to have reverse side filled out and returned with empty flask and tubing. The form off laboratory gives the fluid depot a record of where the flasks and tubing are and the other portion of the form is a permanent record in the fluid depot when returned with the empty flask. On each flask of fluid, plasma or blood there will be wired a permanent tag requesting "immediate return of flask and tubing when empty and that the reverse side of fluid form be returned after properly recording required data".

On seventh day after plasma or blood transfusion, the fluid depot will check the charts of the patients for delayed reactions???????

WARD RULES FOR FLUIDS AND TRANSFUSIONS

1. All fluids, plasma and blood (with exception of direct transfusion) will be obtained from central fluid service depot with proper form.
2. Direct transfusions will be scheduled as operative procedures in the Operating Room in the usual manner.
3. All patients receiving blood or plasma will be under constant observation of a designated ward attendant until the transfusion is completed. The shock ward may make an exception to this rule.
4. Fluids and blood or plasma transfusions will always be ordered over the signature of the Ward Officer.
5. Unless otherwise ordered in writing by the Ward Officer, fluids, plasma or blood will not be run faster than 100 qt/minute or slower than 30 qt/minute.
6. Unless otherwise ordered by Ward Officer, fluids and plasma will be given at room temperature.
7. Not over one flask of 1000 cc. of saline solution will be given in each 24 hour period unless specifically ordered by the Ward Officer.
8. It is preferable that an 18 or 19 gage needle be used when plasma or blood is given intravenously or it is possible that it will immediately follow the other fluids already started.

9. An arm board or other device for immobilization will be used when the fluid is run into a vein immediately overlying a joint.

10. Veins will be used in the following preferable sequence depending upon their availability:- forearm, dorsum of hand, cubital fossa, anterior to medial malleolus. If unsuccessful in these, the Ward Officer will start the fluids.

11. If unsuccessful in two attempts to start fluid, the Ward attendant or nurse will refer the case to the Ward Officer and get equipment for "cutting down" if it seems necessary.

12. All equipment for giving fluids, plasma or blood will be returned immediately to the fluid service depot with the properly completed form immediately after the flask is empty.

13. Subcutaneous fluids will be given by the ward nurse of officer. Necessary equipment will come from fluid service depot.

14. Subcutaneous fluids will only be initiated by order of Ward Officer.

15. Subcutaneous fluids will not be run so fast that a swollen, hard, ischemic area develops underlying the needle.

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Ward Officer

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