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stopped and your child will be reviewed and treated by a doctor. The reason for the reaction will be investigated. All significant reactions are reported to the National Haemovigilance Office at the Irish Blood Transfusion Service.

What if my child and I have other worries about blood transfusion?

Your child may be afraid of needles, worried about being squeamish at the sight of blood or have had a bad experience related to a previous blood transfusion. Please tell your doctor or nurse about any concerns you think your child or you may have.

Transfusions after a reaction

If your child develops a reaction to the blood transfusion, they may be given medication prior to the next transfusion.

Are there alternatives to having a blood transfusion?

Medication can, in some instances, be administered to reduce or prevent bleeding. Some illnesses or dietary deficiencies, which cause anaemia, may be treated with medications including iron or vitamins.

Can I donate blood to my child?

When relatives or friends donate blood it is called directed donation. Research has shown that such transfusions are not any safer than carefully selected voluntary donations. Directed donations are not available in Ireland or in most European countries.

Further information

You can discuss any worries you have about the blood transfusion with your medical team.

References:

Guidelines for the administration of Blood and Blood Components
National blood Users Group, Jan 2004

Children receiving a blood transfusion. A PARENT'S GUIDE.
NHS, Blood and Transplant, Sept 2007

Additional Information about blood donations is available from the Irish Blood Transfusion Service Tel: 01 850 731137

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CHILDREN RECEIVING A BLOOD TRANSFUSION

A PARENT'S GUIDE



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What is a blood transfusion?

A blood transfusion is giving a patient red blood cells, platelets or plasma.

Red Blood cells: cells which carry oxygen from your lungs to all the cells in your body

Platelets: small cells which help to prevent bleeding and form blood clots

Plasma: straw coloured fluid containing proteins needed for blood clotting

A transfusion is given through a small plastic cannula (plastic tube) in a vein, usually inserted in your child's arm. Each unit of blood is generally transfused over two to four hours.

Why does your child need a blood transfusion?

Your medical team will prescribe the blood transfusion only if your child needs it, and the reason will be explained to you. **In making that decision, your child's doctor will balance the risk of your child having a blood transfusion against the risk of not having one.**

Blood and blood products are used to replace blood loss or to correct abnormalities in the blood, which cannot be corrected by any other means. Common reasons for blood transfusions are,

- Blood lost because of an accident or surgery,
- Some medical treatments (including chemotherapy) cannot be carried out safely without using blood
- Bleeding or clotting disorders.
- Anaemia (not having enough of your own red cells)

Steps taken to ensure that the blood is safe?

The Irish Blood Transfusion Service have many safeguards on our national blood supply. All the donors are voluntary, as such donors are the safest source of blood. Before giving blood, donors must answer detailed questions about their health and risk factors for diseases. Every unit is tested for infections which can be transmitted through blood, i.e. Hepatitis B and Hepatitis C, Human Immunodeficiency virus (HIV) 1 and 2 (the cause of AIDS), Syphilis and Human T-Cell lymphotropic virus (HTLV) I and II.

Are there risks involved when having a blood transfusion?

The serious risks of having a blood transfusion are rare. The risks are reactions to the blood or the transmission of infections. These risks are minimised by the careful selection of donors, testing and handling of the blood.

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Infections and Viruses

It is important to realize that the risk of infection from a blood transfusion is very low. Daily activities such as road travel are associated with much greater risks than the risks of a blood transfusion when you need it.

The estimated risks in Ireland for known viruses are:

- HIV - 1 possibility in 4 million units of blood transfused
- Hepatitis C- 1 possibility in 4 million units of blood transfused
- Hepatitis B- 1 possibility in 200,000 units of blood transfused

The careful collection and storage of the blood reduces the risk of bacterial infection, which is rare but can be fatal.

Variant Creutzfeldt Jacob Disease (vCJD), first recognized in 1996, is the human form of Bovine Spongiform Encephalopathy (BSE or 'mad cow disease'). To reduce the risks of possible transmission of vCJD through transfusion, the Irish Blood Transfusion Service has introduced a number of precautionary measures since 1999, including:

- removal of white cells from blood
- the deferral of donors who have lived in countries where BSE is prevalent, or who received a blood transfusion
- the importation of plasma from outside of Europe, where BSE is rare

It is important to realise that the risks of not having a necessary blood transfusion exceeds the extremely low risk of vCJD transmission by transfusion.

There is always a risk of transmission of currently unknown infections.

Matching Blood

A harmful reaction to the blood transfusion can be caused by the transfusion of blood, which is not matched to the patient's blood. This is prevented by matching the donated blood with a carefully identified sample from your child. Before the transfusion is started both your child and the unit of blood will be carefully identified. This is the reason why the nurse, doctor or phlebotomist asks you to state your child's name and date of birth when taking a blood sample and prior to transfusion. It is important that your child wears an identification band at all times

How will my child feel during the blood transfusion?

Most children feel no different at all during their transfusion. Your child's nurse will observe your child carefully during the transfusion. Tell the nurse immediately if your child feels unwell or experiences fever or chills during or after the transfusion. Even if your child has a reaction to blood it does not mean that there is cause for concern. As a precaution, the transfusion will be