

# SOP: Monitoring and Recording Vital Signs During Transfusion

This SOP details the process for **monitoring and recording vital signs during transfusion**, emphasizing continuous assessment of patient's temperature, pulse, respiration, and blood pressure throughout the procedure to detect adverse reactions early. It ensures accurate documentation, timely intervention, and adherence to safety protocols to promote patient safety and transfusion efficacy.

## 1. Purpose

To outline the standardized method for monitoring and documenting vital signs in patients undergoing blood transfusion, ensuring early detection of transfusion reactions and optimal patient outcomes.

## 2. Scope

This procedure applies to all healthcare professionals involved in administering and monitoring blood transfusions in clinical settings.

## 3. Responsibilities

- Nurses: Monitor and record vital signs as per protocol and report abnormalities immediately.
- Physicians: Respond to abnormal findings and manage transfusion reactions.
- Other staff: Assist as required and support documentation practices.

## 4. Definitions

- **Vital Signs:** Temperature, pulse (heart rate), respiratory rate, and blood pressure.
- **Transfusion Reaction:** Any adverse event occurring during or after transfusion that may compromise patient safety.

## 5. Procedure

### 1. Preparation

- Verify physician's order and obtain informed consent.
- Gather and check functioning of monitoring equipment (thermometer, sphygmomanometer, stethoscope, watch/clock).
- Ensure patient identification using two unique identifiers.

### 2. Baseline Assessment

- Record baseline temperature, pulse, respiration, and blood pressure within 30 minutes prior to transfusion start.

### 3. During Transfusion

- Record vital signs:
  - Immediately before starting transfusion
  - 15 minutes after transfusion begins
  - Every 30 minutes thereafter, or as per facility policy
  - At completion of transfusion
- Continuously visually monitor the patient for signs of reaction (chills, fever, rash, dyspnea, pain, etc.).
- If patient shows any abnormal findings or symptoms of transfusion reaction, stop transfusion immediately and notify physician.

### 4. Post-Transfusion

- Record final set of vital signs at completion of transfusion and 30 minutes post-transfusion.
- Document any patient complaints or adverse reactions observed.

### 5. Documentation

- Accurately enter all readings into the patient's medical record, including date and time for each measurement.
- Document any interventions or events related to abnormal vital signs.

## 6. Monitoring and Recording Table

Time Point	Temperature (°C)	Pulse (bpm)	Respiration (rpm)	Blood Pressure (mmHg)	Remarks
Baseline (before transfusion)					
Start of transfusion					
15 minutes after start					
Every 30 mins (as applicable)					
End of transfusion					
30 mins after transfusion					

## 7. Documentation and Reporting

- Document all vital sign readings — including any deviation from normal values and steps taken.
- Report significant changes or suspected reactions to the attending physician immediately.
- Retain all records in the patient's file as per legal and institutional requirements.

## 8. References

- Hospital Transfusion Policy and Procedure Manual
- WHO Blood Transfusion Safety Guidelines
- Institutional and regulatory standards