
Discharge Instructions: Blood Transfusion for Child

Your child recently had a blood transfusion. A blood transfusion may be done when your child has lost blood because of an injury or during surgery. It can also be done because of diseases or conditions that affect the blood. Blood is made up of several different parts (blood products). These include red blood cells, platelets, and plasma. Your child may have gotten some or all of these blood products during their transfusion. Blood for transfusion is usually donated from another person (donor). In some cases, your child may be able to donate their own blood for a planned surgery in the future. Your child's healthcare provider will advise you on whether this is an option. Strict measures are taken to make sure that donated blood is safe before it's given to your child. But, there are some things to keep an eye out for in the hours and days after a blood transfusion.

Some children get a fever in the hours after transfusion. This usually isn't serious but if your child has other symptoms along with it, it may be more serious. In some cases, the body can have an allergic reaction to the blood received in a transfusion. These can be mild to severe (anaphylaxis). A more serious reaction is when the body attacks the red blood cells your child receives. This is a medical emergency. Sometimes too much blood is transfused or too much iron gets in the body. This is more common with multiple transfusions.

Home care

- Your child will likely go home with a bandage over the transfusion site. Follow your healthcare provider's instructions on when to remove the bandage.
- Once the bandage is removed, keep the transfusion site clean. To do this, wash your child's skin with clean, running water and mild soap. Gently pat it dry.
- Check your child's temperature as advised for fever.

Use a digital thermometer to check your child's temperature. Don't use a mercury thermometer. There are different kinds and uses of digital thermometers. They include:

- **Rectal.** For children younger than 3 years, a rectal temperature is the most accurate. Use the rectal thermometer with care. Follow the product maker's directions for correct use. Insert it gently. Label it and make sure it's not used in the mouth. It may pass on germs from the stool. If you don't feel OK using a rectal thermometer, ask the healthcare provider what type to use instead. When you talk with any healthcare provider about your child's fever, tell them which type you used.
- **Forehead (temporal).** This works for children age 3 months and older. If a child under 3 months old has signs of illness, this can be used for a first pass. The provider may want to confirm with a rectal temperature.
- **Ear (tympanic).** Ear temperatures are accurate after 6 months of age, but not before.
- **Armpit (axillary).** This is the least reliable but may be used for a first pass to check a child of any age with signs of illness. The provider may want to confirm with a rectal temperature.

- **Mouth (oral).** Don't use a thermometer in your child's mouth until they are at least 4 years old.

Follow-up care

Follow up with your child's healthcare provider, or as advised.

When to call your healthcare provider

Most transfusions are problem free. In some cases, reactions occur. Most are mild. Rarely, serious and life-threatening reactions occur. These can happen within seconds to minutes during the transfusion or a week to a few months after the transfusion. Call your child's healthcare provider right away if your child has any of the symptoms below. In some cases, you may be told to take your child to the nearest emergency room:

- Purple spots on the skin, hives, or itching
- Fever (see Fever and children, below)
- Chills
- Nausea or vomiting
- Headache
- Swelling of the feet or ankles
- Bleeding from the urinary tract, abdomen, colon, or rectum
- Red or dark urine

Call 911

Call 911 if your child has any of the following:

- Trouble breathing, shortness of breath, wheezing, or chest tightness
- Changes in blood pressure
- Fast pulse/heartbeat
- Chest tightness
- Swelling of the lips, tongue, or throat
- Chest or belly pain
- Swelling of the lips, tongue, or throat
- Trouble awakening
- Fainting, dizziness, or loss of consciousness
- Fast (rapid) heart rate or pulse
- Chronic coughing

Fever and children

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- **Mouth (oral).** Don't use a thermometer in your child's mouth until they are at least 4 years old.

Use the rectal thermometer with care. Follow the product maker's directions for correct use. Insert it gently. Label it and make sure it's not used in the mouth. It may pass on germs from the stool. If you don't feel OK using a rectal thermometer, ask the healthcare provider what type to use instead. When you talk with any healthcare provider about your child's fever, tell them which type you used.

Below are guidelines to know if your young child has a fever. Your child's healthcare provider may give you different numbers for your child. Follow your provider's specific instructions.

Fever readings for a baby under 3 months old:

- First, ask your child's healthcare provider how you should take the temperature.
- Rectal or forehead: 100.4°F (38°C) or higher
- Armpit: 99°F (37.2°C) or higher

Fever readings for a child age 3 months to 36 months (3 years):

- Rectal, forehead, or ear: 102°F (38.9°C) or higher
- Armpit: 101°F (38.3°C) or higher

Call the healthcare provider in these cases:

- Repeated temperature of 104°F (40°C) or higher in a child of any age
- Fever of 100.4° F (38° C) or higher in baby younger than 3 months
- Fever that lasts more than 24 hours in a child under age 2
- Fever that lasts for 3 days in a child age 2 or older