

UNDERSTANDING BLOOD TRANSFUSION PROTOCOL BREACHES IN CLINICAL NEGLIGENCE CLAIMS

LEGAL FRAMEWORK: THE DUTY OF CARE IN BLOOD TRANSFUSIONS

Under both statutory and common law, nurses owe a duty of care to their patients to deliver safe and competent care.

Blood transfusion is governed by a combination of:

- National guidelines – e.g. The British Committee for Standards in Haematology (BCSH), NICE, and NHS Blood and Transplant.
- Local trust policies - hospital-specific procedures for transfusion administration.
- The NMC Code – requiring nurses to preserve safety, communicate effectively, and practise in line with best evidence.

In transfusion negligence claims, the key legal questions are:

1. Was there a breach of the nurse's duty of care?
2. Did the breach cause or materially contribute to the patient's harm?

Blood transfusions are high-risk clinical procedures that require strict adherence to protocol to ensure patient safety. When carried out correctly, transfusions can be life-saving. However, breaches in transfusion protocols can have devastating consequences - including severe reactions, infections, or even death. In the context of clinical negligence litigation, these cases often centre on whether the transfusion process followed national and local guidelines and whether a breach of duty occurred as a result of nursing failures.

As a nursing expert witness, I am frequently instructed to assess the standard of nursing care provided in transfusion-related incidents. This article explores common failures in blood transfusion protocols, the legal principles underpinning negligence claims, and how nursing actions (or inactions) can be scrutinised during litigation.



Author Katie Mofid, RN

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- KATIE MOFID, RN

COMMON NURSING FAILURES IN TRANSFUSION-RELATED NEGLIGENCE CLAIMS

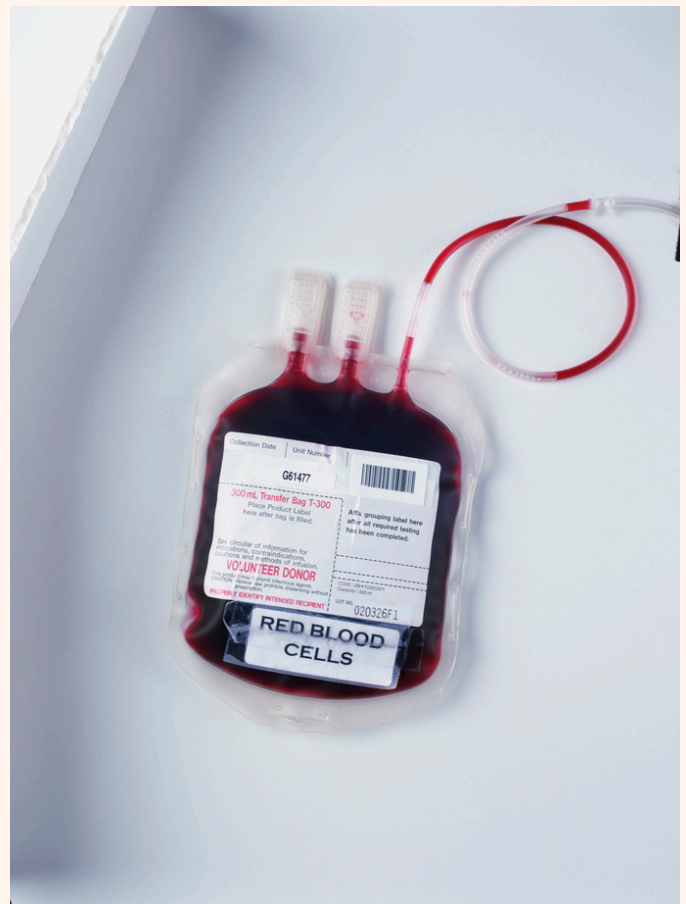
Patient Misidentification: Administering blood to the wrong patient due to failure to follow the positive patient identification protocol; Inadequate checking of wristbands or failure to involve the patient in ID confirmation; Breach: Not complying with the “two-person” check policy or bedside verification.

Failure to Obtain Informed Consent: Administering blood without ensuring that the patient has been fully informed of the risks and has provided valid consent; Inadequate documentation of consent discussions.

Improper Monitoring During Transfusion: Not recording baseline observations prior to administration.; Failure to observe the patient during the first 15 minutes - a critical period for detecting transfusion reactions; Not recognising or acting upon signs of an adverse reaction (e.g. fever, hypotension, urticaria, respiratory distress).

Deviation from Trust Policy or National Guidance: Blood left unrefrigerated beyond time limits; Blood hung for longer than the permitted 4-hour maximum; Delegating transfusion to untrained staff.

Inadequate Documentation: Poor record-keeping around administration times, patient observations, or escalation of issues; Absence of a transfusion reaction report or DATIX form following an incident.



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UNDERSTANDING THE TRANSFUSION PROTOCOL

A safe blood transfusion pathway includes several critical stages. Each step involves nursing responsibilities that are essential to patient safety:

1. Pre-transfusion checks and consent
2. Patient identification
3. Sample collection and labelling
4. Blood product storage and handling
5. Right blood, right patient administration
6. Monitoring during and after transfusion
7. Recognition and escalation of adverse reactions

Breaches at any point can result in serious patient harm and potential legal liability.

THE ROLE OF SYSTEMIC ISSUES

Not all breaches are the result of individual failings. Many transfusion-related claims also involve systemic errors such as: inadequate staff training or induction; staff shortages leading to omission of observations; poor handover or communication between shifts; lack of audit or clinical governance around transfusion safety

From a legal perspective, these may lead to corporate liability or combined claims involving multiple defendants.

CASE STUDY:

A 75-year-old patient received a unit of red cells on a medical ward. Approximately 10 minutes into the transfusion, she developed a fever, tachycardia, and hypotension. These signs were not recognised or recorded until 45 minutes later.

The transfusion continued despite her condition deteriorating, and she later died of a suspected haemolytic reaction.

Expert Opinion: Nursing staff failed to observe the patient during the critical first 15 minutes. Baseline and interim observations were not documented. There was a delay in escalation and the transfusion was not stopped promptly.

Legal Implication: There was clear evidence of breach of duty by the nursing team, and a strong causative link between the delay in recognition and the fatal outcome. The claim proceeded on the basis of negligent failure to monitor and act.

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EXPERT ASSESSMENT: KEY CONSIDERATIONS

When assessing transfusion cases as an expert witness, I examine:

- Compliance with relevant protocols
 - Was the nurse's practice aligned with local and national standards?
- Training and competence – Had the nurse received up-to-date training in transfusion safety?
- Supervision and delegation – Were tasks delegated inappropriately?
- Causation – Could the harm have been avoided or mitigated if the protocol had been followed?
- Documentation quality – Does the patient record support or undermine the nursing account?

An expert opinion must remain impartial, but where systemic or individual failures are identified, they can form the basis of a robust negligence claim or defence.

CONCLUSION

Blood transfusion errors can lead to serious, avoidable patient harm, and the nursing role is central to safe transfusion practice.

In clinical negligence claims, protocol breaches such as poor monitoring, identification errors, and documentation failures are often cited as evidence of breach of duty.

Legal professionals handling these cases should closely examine:

- Nursing adherence to transfusion guidelines
- Evidence of patient monitoring and escalation
- The link between the breach and any harm suffered
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A well-prepared expert witness report will assess these issues objectively and provide clarity on both breach and causation.

ABOUT THE AUTHOR

Katie Mofid, RN, is a registered nurse and experienced expert witness in clinical negligence matters, specialising in nursing standards of care.