



Treatment by blood transfusion first requires an intravenous cannula. Professionals remember the optimal diameter for transfusion (16 to 18G). Practices differ according to the department concerned. Neonatology and paediatric wards use precision filters and put in fine cannulas (24G) with the constraint that this restricts transfusion flow rate” Basset et al (2018).

Abstract:

Treatment by blood transfusion first requires an intravenous cannula. Professionals remember the optimal diameter for transfusion (16 to 18G). Practices differ according to the department concerned. Neonatology and paediatric wards use precision filters and put in fine cannulas (24G) with the constraint that this restricts transfusion flow rate. In haematology and oncology departments, the state of the patient’s veins has to be considered when administering chemotherapy which may be toxic for vascular endothelium and the implantation of a venous port by a critical care anaesthetist may be suggested. Emergency departments use central venous catheters, blood warmers and, exceptionally, intraosseous infusion which is now being used again. Haemodialysis requires repeated vascular access making the creation of arteriovenous fistula necessary. We wanted to have an overview of all the different techniques potentially used in the departments of a health institution. These medical devices are managed by the pharmacies in our institutions.

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Reference:

Basset, L., Lassale, B., Succamiele, L. and Moya-Macchi, M. (2018) Intravenous lines in transfusion and their medical devices. *Transfusion Clinique et Biologique*. August 14th. . .

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