To treat side effects of cancer treatment such as anemia or thrombocytopenia as well as disturbances in coagulation, transfusions of blood products is routine in clinical practice. During their course of treatment most cancer patients will receive one or more blood products. National or center specific guidelines support the strong need for safety practices prior, during and after transfusion.

It is clear from data published in the literature (e.g. SHOT 1999), that most (potential) critical incidents happen at the bedside either when drawing blood through wrong labeling of the tubes, or prior/during the administration of any blood component.

Center specific transfusion committees deal with safety issues. A multi disciplinary transfusion committee was established in the University Hospital in Berne in late 2003. One of the main goals of the committee was the implementation of hospital wide transfusion guidelines because it appears that all units have different rules and regulations. In line with the rules of our governmental authority (Swissmedic), several instructions and directives are written and implemented by a multi professional team. These include directives on the administration of erythrocytes, platelets and fresh frozen plasma as well as Novo7®. Additionally, instructions were implemented on how drawn blood has to be handled in order to minimize mistakes in assigned identities.

Obviously, nurses play a vital role in minimizing the risk of complications associated with the transfusion of blood components through appropriate patient and component checks, adequate care for the patient prior, during and after the transfusion, and instant response to any adverse event that might occur related to the transfusion itself. A glance at current literature with published guidelines and the presentation of our own implemented guideline will support nurses when reflecting their own practice.