NHS
Blood and Transplant

Scenarios

Lab Matters study day

Oake Manor, Taunton

Wednesday 8th July 2015

NHS
Blood and Transplant

Scenarios

Consider the issues in the situation described:

- *What are the failings / points of poor practice*
- *What are the possible consequences – for the patient, for the lab.*
- *What actions can be taken to resolve the situation*

NHS
Blood and Transplant

Scenario 1.

An ‘urgent’ request for 1 unit of red cells has been received from MAU; however the sample tube is missing the patient’s date of birth, and under your trust’s zero tolerance policy cannot be accepted.

MAU are informed they need to re-bleed the patient and correctly label the tube.

A senior medic rings up demanding the original sample is processed, and saying that someone will come down and fill in the missing information if that is what it takes.

NHS
Blood and Transplant

Scenario 2.

A major haemorrhage protocol has been triggered for a male patient admitted to the ED and a sample is received, however a second sample is required as the patient has no historical group.

The ED staff are refusing to take another sample as the first was all done correctly.

NHS
Blood and Transplant

Scenario 3.

A request has been received in to the transfusion laboratory for 2 units of FFP for reversal of anticoagulant (not specified) in a 75kg man, the request for does not state if he is actively bleeding.

NHS
Blood and Transplant

Scenario 4.

A porter arrives at the transfusion laboratory to collect both of the 2 units of red cells requested for a 50kg 77 year old woman who is symptomatic of anaemia with a Hb of 95g/L.

NHS
Blood and Transplant

Scenario 5.

A senior medic is insisting on 2 units (ATDs) of platelets to give to a patient with bone marrow failure with platelet count of 30 prior to them having a central line inserted.

NHS
Blood and Transplant

Scenario 6.

A major haemorrhage protocol has been triggered for a patient in A&E believed to have been born after 01/01/96. You only have standard (UK sourced) FFP available to issue.