

Action Checklist

Action for treating team

- Discuss patient's treatment choices
- If it is decided to proceed with the operation, arrange for a blood screen and optimization of patient's haematological condition
- Is *Advance Decision* document secured prominently within patient's notes?

As soon as possible before the operation ensure that necessary information about the patient's treatment choices have been passed to:

- Preoperative Assessment Team
- Anaesthetic Department
- Haematology Department
- Transfusion Practitioner
- Operating Department

Checklist for patient/patient advocate:

- Booked in for early blood and haematinics screen?
- Are the following fully aware of my treatment choices
- Surgical Department
- Anaesthetic Department
- Haematology Department
- Transfusion Practitioner
- Operating Department
- Is there a clear way of identifying me in Recovery to prevent me being transfused (e.g. a No Blood wristband)?

Treatment Choices

Acceptable medical treatment

✓ Jehovah's Witnesses accept most medical treatments, surgical and anaesthetic procedures, devices and techniques, as well as haemostatic and therapeutic agents that do not contain blood. They accept non-blood volume expanders, pharmaceuticals that control haemorrhage and stimulate the production of red blood cells, and all other non-blood management strategies.

Unacceptable Medical Treatment

- ✗ Transfusions of whole blood and its primary components (red cells, white cells, platelets and plasma).
- ✗ Pre-operative autologous blood collection and storage for later reinfusion (pre-deposit).

Matters of patient choice

a) Minor fractions/derivatives of blood
(plasma derivatives; e.g. albumin, coagulation factors, immunoglobulins)

b) Procedures that make use of the patient's own blood (autologous) (e.g. haemodilution, intraoperative and postoperative blood salvage)

Medical resource: www.jw.org/en/medical-library

Name _____

Date of birth ____ / ____ / ____

NHS number _____

For any additional information, please contact:

Care Plan

Surgery and Medical Treatment for Jehovah's Witnesses

To assist in communicating the patient's choices to the clinical team



Planning Surgery

“In view of the range of individual choice displayed by patients who are Jehovah’s Witnesses, it is essential to establish ahead of time their personal views regarding the use of blood, blood products and autologous transfusion procedures, for any of these that might be applicable in their treatment/surgery.” (Better Blood Transfusion Toolkit, Appropriate Use of Blood, www.transfusionguidelines.org.uk)



During Surgery

Not all of these options may be available, or acceptable to the patient. However, the treating team should be satisfied, before agreeing to perform an elective procedure, that they can handle predictable blood loss, or they should refer to a more specialized centre. (As per guidelines of Royal College of Surgeons* and Association of Anaesthetists.#)

Correct anaemia

- Oral or IV iron
- Folic acid
- Vitamin B₁₂
- Minimize blood sampling
- Treat menorrhagia
- Erythropoiesis Stimulating Agents (ESAs)

Correct clotting abnormalities

Review NSAIDs, clopidogrel, dabigatran, warfarin, antibiotics, etc.
(When appropriate, in advance of the operation, change these for drugs without anticoagulant effects, or with a shorter half-life, such as low molecular weight heparin, thus allowing intraoperative management.)

- Vitamin K
- Protamine
- Consider haemostatic agents
- Check Coagulation Profile

Patient’s Medical History

- Examine patient’s notes
- Ask patient about bleeding abnormalities
- Ask patient about circulatory problems



Techniques to minimize blood loss

- Meticulous haemostasis
- Haemostatic dissecting devices (such as laser, argon beam, microwave, ultrasonic, etc.)
- Radiology guided arterial occlusion (pre- or intraoperative)
- Minimally invasive procedures
- Stereotactic radiosurgery
- Enlarged surgical team—shorter operation
- Surgical positioning
- Intraoperative blood salvage [△]
- Staging of complex procedures

Anaesthetic

- Hypotensive anaesthesia
- Normovolemic/hypervolemic haemodilution [△]
- Full near-patient monitoring (TEG, HemoCue)
- Tolerance of anaemia
- Maintain normothermia

Haemostatic agents

- Topical – surgical adhesives, tissue sealants [△]
- Injectable – Tranexamic acid, desmopressin, vitamin K
- Other – cryoprecipitate, [△] fibrinogen concentrate, [△] prothrombin complex concentrates, [△] recombinant factor VIIa, [△] vasopressin

* Please see *Code of Practice for the Surgical Management of Jehovah’s Witnesses* (www.rcseng.ac.uk), points 8 and 17.

Please see *Management of Anaesthesia for Jehovah’s Witnesses* (www.aagbi.org), points 4.1.2 and 4.1.6.

[△] Please see “Matters of patient choice,” under “Treatment Choices” over page.

After Surgery

In addition to the relevant intraoperative strategies, consider, as appropriate, the following.



Blood Salvage

Wound drainage and reinfusion after filtration (postoperative salvage)*

Anaemia

- Oxygen support
- Erythropoiesis Stimulating Agents (ESAs)
- IV iron
- Folic acid
- Vitamin B₁₂
- Prophylaxis of infection
- Minimize phlebotomy – microsampling, sample multi-testing
- Hyperbaric oxygen

For Bleeding

- Radiology guided arterial occlusion
- Prompt re-operative surgery
- Direct pressure
- Elevate body part above level of heart
- Haemostatic agents
- Tourniquet
- Controlled hypotension

For Shock

- Trendelenburg/shock position (patient supine with head lower than legs)
- Medical antishock trousers (M.A.S.T.)
- Appropriate volume replacement after bleeding controlled

Monitoring and Observation

Enhanced schedule to detect haemorrhage quickly #

* Please see “Matters of patient choice,” under “Treatment Choices” over page.

Directive from National Patient Safety Agency.