

A view from the ward – the clinical perspective

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Contents



- Transfusion practitioners! Why do we exist?
- Clinical aspects of transfusion
 - Staff involved
 - Storage
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- Communication
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TP's -Why do we exist?

 Role mentioned in DOH white paper 2002key role in;

- Audit
- Protocol/policy development
- Education
- Contingency planning
- Patient liaison
- Clinical governance

Ultimate Aim – to reduce the number of inappropriate transfusions and improve transfusion safety



What we actually do?

- Adhere to core principles plus
 - EU directive shortly followed by NPSA
 - Both required shift in focus to achieve regulatory body compliance
- Variable role dependant on Trust requirements and qualification of TP
- Basically, anything with 'blood transfusion' written on it lands on the TPs desk



My perception of the TP role

- Versatile
 - No two days the same,
 - Have to have the ability to change gear in moments
 - Not get stressed by not finishing jobs in a timely manner!
- One foot in the lab/one in the clinical area
 - Interpreter between 'clinical speak' and 'lab speak'
 - Clinical perspective in lab meetings/lab perspective in clinical meetings!
 - Importance of corridor conversations and chatting in the lab
- Seen as the 'representative of the transfusion department' in the clinical area



Transfusion in the clinical area

- People involved in transfusion outside of the lab;
 - Porters
 - Medical staff (of every discipline)
 - Nurses
 - Midwives
 - Operating department practitioners
 - Health care assistants
 - Patients
 - Relatives



Care of the patient undergoing a transfusion

- Time critical once the unit has left cold storage
 - 30 min/4 hour rule
 - Staff availability
 - IV site issues
 - Patient issues

Pre transfusion checklist Ensure all below are complete before removing blood from fridge

Has consent been taken by the medical staff? (See overleaf)

If consent has not been taken and transfusion is urgent, proceed with the transfusion and ask the medical staff to fill in consent sheet retrospectively.

ID band in situ. No wristband – no transfusion.

Patent cannula in situ Record as policy

Pre transfusion obs. <1hr prior to transfusion. Pulse, B/P, Resp and Temp completed.

Record on transfusion chart if applicable.

Is product prescribed/special requirements ordered? E.g. irradiated products/CMV -ve



Care of the patient undergoing a transfusion

- Patient ID checks (electronic or paper)
 - 1 or 2 person check dependant on Trust policy
 - Patient details verified against verbal, ID band and documentation
 - Unit details checked against tag

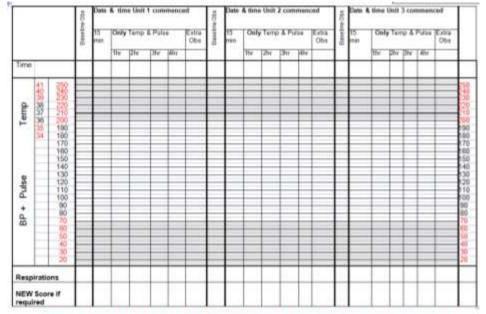
Final check before transfusion

Complete all boxes in this table		Date & time					
What you need to check	Check against	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6
TAG against the BAG Donor number matches Expiry date Blood group matches	Blood product	√	√	√	√	√	√
	Tag on blood bag	√	V	√	√	V	√
TAG against the PATIENT • Patient details Also check the Blood group of unit compatible with patient group on tag	Tag on blood bag	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
	Wrist band	√	√	√	√	√	√
	Verbal check	\checkmark	√	√	\checkmark	√	\checkmark
	Carepathway	√	√	√	V	√	√
I confirm that all above has been undertaken	Initials 1 st checker 2 nd checker						



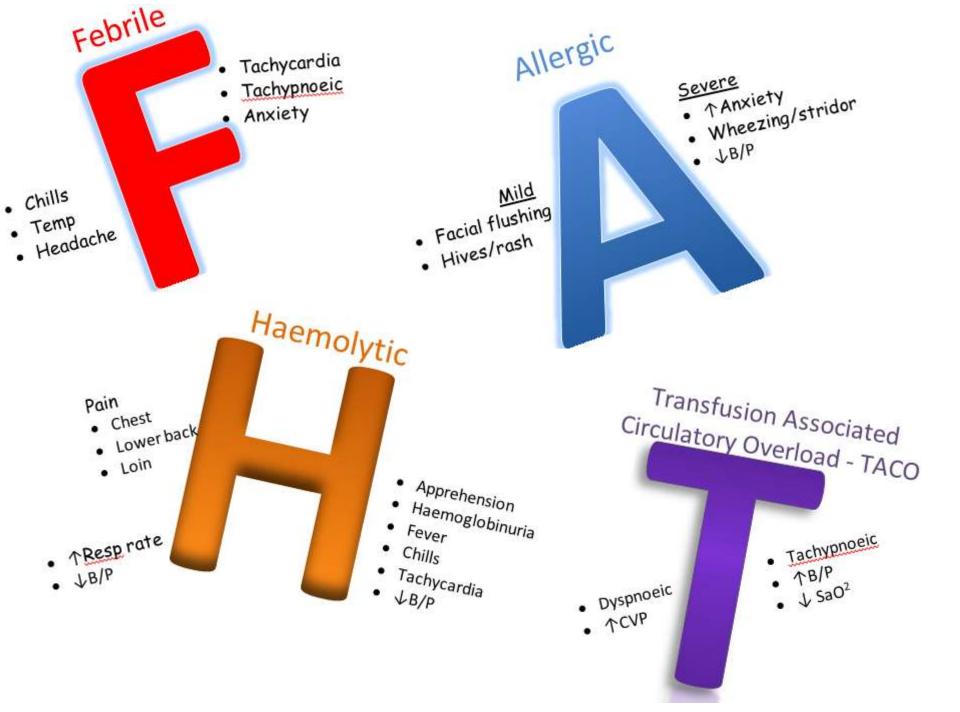
Care of the patient undergoing a transfusion

- Monitoring the patient
 - Baseline set of obs (Temp, pulse, B/P, Resps)
 - 15 minute obs
 - Full set of obs at the end of the transfusion process



if any changes noted in observations during transfusion perform a full NEW score and escalate as appropriate

Monitoring for symptoms of Transfusion Reactions





Communicating with clinical staff

- Ask the right questions
- Challenge clinical staff
- Offer advice or point them in the right direction
- Be aware of their stress level communication may be impaired
- Keep calm, report any problems

The patients behind the transfusions



Chronic anaemia

- Mrs S
- MDS
- Palliative treatment
- Since Christmas has had red cells and platelets twice per week
- HLA platelets required
- Often has long waits
- Quality of life



Major Obstetric Haemorrhage

- Mrs M
- 2nd pregnancy placenta praevia
- Placenta acretia diagnosed on CS
- Major incident for Harrogate
- Required multiple blood components very quickly
- Close liaison with NHSBT in Leeds
- Re issuing stocks allocated for other patients to this patient
- Another patient also bleeding in ITU at the same time

Tally of products used



- Estimated blood loss = 25 litres
- Red cells 28 units = £3751.72
- FFP 8 units = £261.52
- Platelets 3 units = £625.38
- Cryo 2 pooled units= £439.74
- Factor VIIa -7.2 mg = £6979.50

TOTAL COST = £12057.86

Donor exposure = 58 donors



Summary

- Transfusion practitioners are embedded in patient blood management in the clinical area
- Useful resource use us!
- Clinical transfusion is a huge grey area not black and white
- Patients are at the heart of everything we all do
- You do a fantastic job that often goes unnoticed!