

# **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
  - Bedside check
  - Monitoring
- Communication
- Patient considerations

# TP's - Why do we exist?

- Role mentioned in DOH white paper 2002-  
key 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

<b>Pre transfusion checklist</b>	
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. <b>No wristband – no transfusion.</b>	
Patent cannula in situ Record as policy	
<b>Pre transfusion obs.</b> <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	

- 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

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

Time	Baseline Obs	Date & time Unit 1 commenced					Baseline Obs	Date & time Unit 2 commenced					Baseline Obs	Date & time Unit 3 commenced					Baseline Obs		
		Only Temp & Pulse				Extra Obs		Only Temp & Pulse				Extra Obs		Only Temp & Pulse				Extra Obs			
		15 min	1hr	2hr	3hr			4hr	15 min	1hr	2hr			3hr	4hr	15 min	1hr			2hr	3hr
Temp																					
BP + Pulse																					
Respirations																					
NEW Score if required																					

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

## Monitoring for symptoms of Transfusion Reactions

## Febrile

F

- Chills
- Temp
- Headache

- Tachycardia
- Tachypnoeic
- Anxiety

## Allergic

A

- Mild
- Facial flushing
- Hives/rash

### Severe

- ↑Anxiety
- Wheezing/stridor
- ↓B/P

## Haemolytic

H

### Pain

- Chest
- Lower back
- Loin

- ↑Resp rate
- ↓B/P

- Apprehension
- Haemoglobinuria
- Fever
- Chills
- Tachycardia
- ↓B/P

## Transfusion Associated Circulatory Overload - TACO

T

- Dyspnoeic
- ↑CVP

- Tachypnoeic
- ↑B/P
- ↓SaO<sub>2</sub>

# 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 accretia 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!