NHS
Blood and Transplant

Administration and consent

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Caring Expert Quality

Introduction

NHS Blood and Transplant

- Who are the British Committee for Standards in Haematology and what do they do?
- Some of the key blood administration recommendations related to nurse authorisation
- Consent for Blood Transfusion

Who are the BCSH?

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- The British Committee for Standards in Haematology (BCSH) is a sub-committee of the British Society for Haematology (BSH)

- The BCSH consists of 4 Task Forces:
  - Haemato-oncology
  - General Haematology
  - Haemostasis and Thrombosis
  - Blood Transfusion

www.bcshguidelines.com

What do the BCSH do?

- Primary purpose:
  - To provide up to date advice on the diagnosis and treatment of haematological disease by the production of evidence based guidelines

- Guidelines are drafted by writing groups
  - Involves all relevant stakeholders
  - Reviewed by a wide spectrum of UK haematologists who act as 'sounding boards'

Purpose and objectives

- Provide national guidance on:
  - Pre transfusion blood sampling
  - Prescription / Authorisation
  - Requesting
  - Collection
  - Administration of blood components to
    - Adults, children and neonates

- Individual Trusts incorporate this guidance into their local and regional policies, protocols and practice

Key recommendations

- Keep it simple
  - Try to avoid complexity and concentrate on the key steps

- 3 key principles which underpin every stage of the blood administration process:
  - Patient identification
  - Communication
  - Documentation

Positive patient identification

- At every step in the process
  - Sampling and request form
  - Authorisation
  - Collection
  - Administration

Communication

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- Clear and concise
  - Clinical staff
  - Laboratory staff
  - Patient / carer
- Policies to minimise risks
  - Written
  - Verbal
  - Electronic

Documentation

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- All paper work to be identical to that noted on the patients ID band
  - First name
  - Last name
  - Date of birth
  - Unique number

Decision to transfuse

- The decision to transfuse must be:
  - Based on a thorough clinical assessment of the patient and their individual needs
  - Made by trained and competent staff

Authorisation

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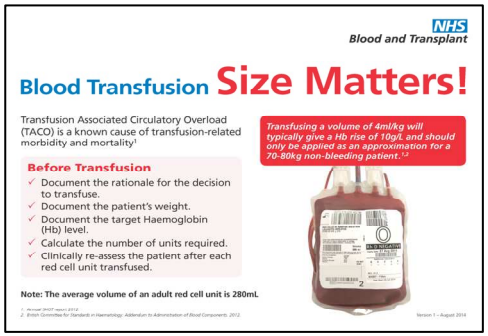
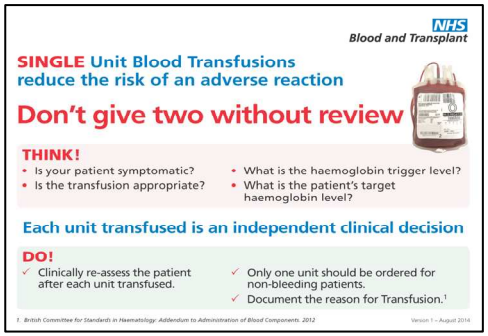
- Ideally by the person making the decision to transfuse
- Written on:
  - Prescription sheet for IV fluids or
  - Specific transfusion document / pathway
- Consider:
  - Rate of infusion
  - Diuretic cover
  - Weight of patient





Administration

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- Usual rates:
  - Red cells: 1½ to 2 hours per unit
  - Platelets: 30 minutes per ATD
  - Fresh Frozen Plasma: 30 minutes per unit
  - Cryoprecipitate: 30 minutes per unit

Note:

Transfusion should be completed within 4 hours of removal from temperature controlled storage

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Requests for blood transfusion

- Patient identifiers
- Date required and reason
- Components – type and amount
- Specific requirements
- Sign the request form, note your telephone number / bleep
- Zero tolerance
- 2 sample rule
- Extra care if telephone request
- Discuss with laboratory / clinical staff if unsure

Need to document

- Patient information given
  - Reason, risks, benefits and alternatives
- Consent to proceed
- If the transfusion had the desired effect
- Management and outcome of any transfusion reaction or adverse event
  - Note: The clinical management of transfusion reactions is a separate BCSH guideline

Consent

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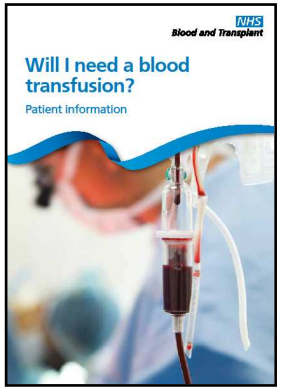
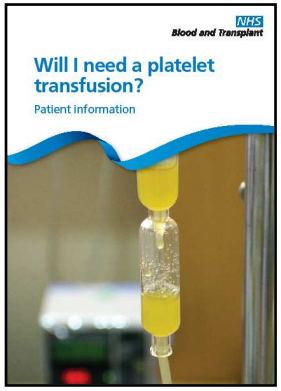
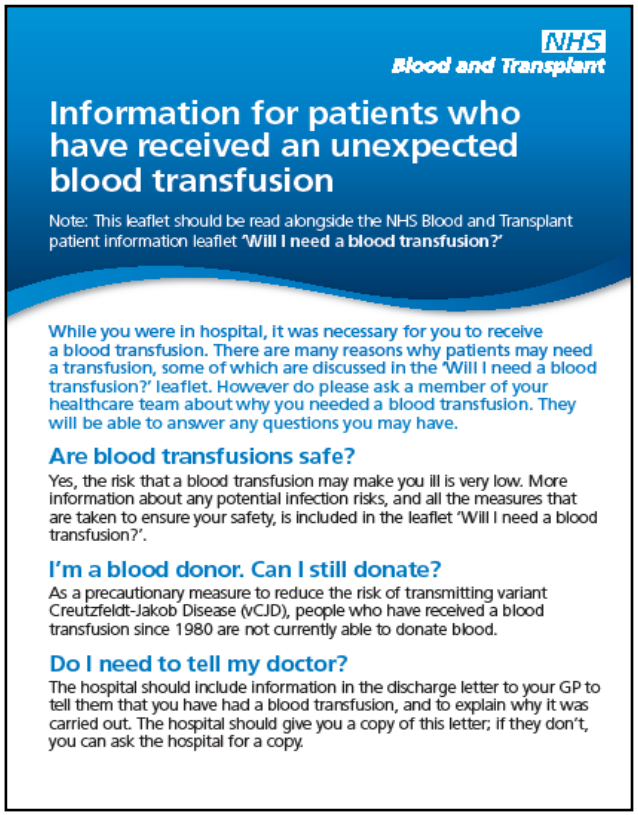
- Consent can be defined as "…a patient's agreement for a health professional to provide care."
- The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO)
  - Asked to look at consent in 2009
  - Consultation exercise in 2010
  - Recommendations published in 2011

Consent recommendations

- Valid consent should be gained
  - document in the patients notes
- Retrospective information
- Modified consent form for the long term multi-transfused







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Information for patients who have received an unexpected blood transfusion

Note: This leaflet should be read alongside the NHS Blood and Transplant patient information leaflet **'Will I need a blood transfusion?'**

While you were in hospital, it was necessary for you to receive a blood transfusion. There are many reasons why patients may need a transfusion, some of which are discussed in the 'Will I need a blood transfusion?' leaflet. However do please ask a member of your healthcare team about why you needed a blood transfusion. They will be able to answer any questions you may have.

Are blood transfusions safe?

Yes, the risk that a blood transfusion may make you ill is very low. More information about any potential infection risks, and all the measures that are taken to ensure your safety, is included in the leaflet 'Will I need a blood transfusion?'.

I'm a blood donor. Can I still donate?

As a precautionary measure to reduce the risk of transmitting variant Creutzfeldt-Jakob Disease (vCJD), people who have received a blood transfusion since 1980 are not currently able to donate blood.

Do I need to tell my doctor?

The hospital should include information in the discharge letter to your GP to tell them that you have had a blood transfusion, and to explain why it was carried out. The hospital should give you a copy of this letter; if they don't, you can ask the hospital for a copy.

LBT - Consent module

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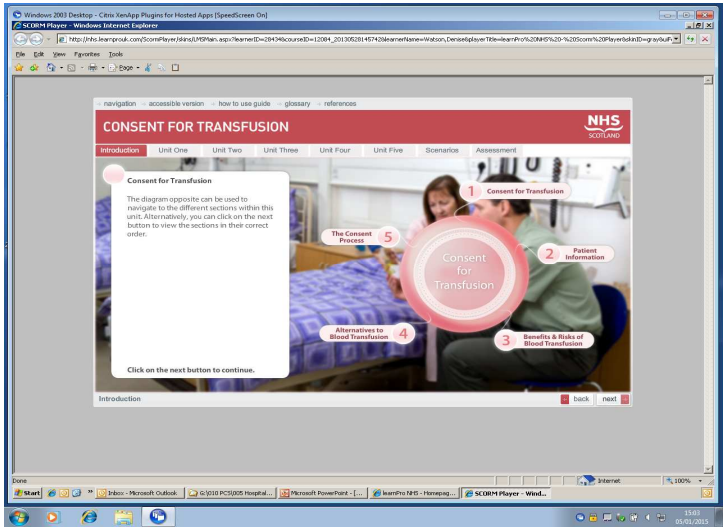
- Consent for transfusion
- Patient information
- Benefits and risks of blood transfusion
- Alternatives to blood transfusion
- The consent process



http://www.learnbloodtransfusion.org.uk/

National Comparative Audit

- Patient Information and Consent (2014)
  - 164 sites, 2784 cases audited
  - 81% had documentation of the clinical indication
  - 43% had documentation of patient consent which was largely verbal
    - 80% obtained by doctors
  - 38% received information on risks
  - 8% received information on alternatives

Case from SHOT 2013

- **Day 1:**
  - Patient with AML seen at 20:00 and prescribed 1 unit of RBCs. Hb 40 g/L (ED)
- **Day 2:**
  - 02:30 transferred with inadequate handover to ward. Nurse assumed blood had been given, and ED assumed blood bank would phone when blood was ready
  - 09:00 consultant haematology review; Hb 36 g/L; assumed and wrote in notes that 1 unit of RBCs given in ED, but had not

Case from SHOT 2013 (cont'd)

- 16:30 transferred to another hospital, reviewed and started on chemotherapy at 17:04
- 19:46 acutely unwell, fever, tachycardia and hypoxic. Prescribed antibiotics but not given until 23:50
- 19:50 started 4 units FFP for coagulopathy

Case from SHOT 2013 (cont'd)

- **Day 3:**
  - 00:10 a unit of RBCs given, 28 hours after prescribed
  - 02:00 concern about increased RR, CXR
  - 06:30 pulmonary oedema from fluid overload (3240mL input over 24 hours)
  - Transferred to ITU
  - 4 hour delay in further FFP transfusion after prescription

- **Day 4:**
  - Death due to primary illness (AML)

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SaBTO

Advisory Committee on the Safety of Blood, Tissues and Organs

https://www.gov.uk

Consent documents:

www.transfusionguidelines.org.uk

http://hospital.blood.co.uk/

BCSH Guidelines

http://www.bcshguidelines.com/

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Any Questions?