

Audit on platelet requesting, completion of platelet request form and wastage of platelets in Haematology Patients

by

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Aims of Audit

Review platelet transfusion requests on haematology patients in one calendar month, with regards:

- Accurate completion of platelet request form
- Wastage of platelet transfusions
- Requests fulfilling Trust guidelines for platelet transfusions

Audit Methods

- Audit timeframe: March 1st – 31st 2015
- Review of all platelet request forms received by the hospital Transfusion Laboratory by transfusion practitioner
- Form checked for accuracy of completion
- Indications/appropriateness compared to Trust policy on platelet transfusions
- Completion of platelet transfusion – was the transfusion given?
- Was the platelet transfusion no longer required? If so, were the platelets wasted or reallocated?

Audit Results

- Number of platelet transfusion requests for haematology patients (coded according to 5 consultant haematologists) 1st -31st March 2015 = 128
- $87/128 = 67\%$ forms were filled in correctly ¹

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Does this mean that 87 were correctly filled in or incorrectly filled in?

Sally Killick, 25/05/2015

Audit Results – form filling

Missing data on forms:

- Number of ATD not documented $4/128 = 3\%$
- Urgency not documented $14/128 = 11\%$
- No Pre count $23/128 = 18\%$
- Increment not taken $49/128 = 38\%$
- No target platelet count $5/128 = 4\%$
- Prophylactic not documented $66/128 = 51\%$

Platelet transfusions not required

- Total number of requests = 128
- Number of platelet transfusions not required once ordered = 15 (12%)
 - Returned 10
 - Disposed 2
 - Cancelled 1
 - Double order 2
- Potential cost of wastage £3750; unclear how many were reallocated

Audit Results

Platelet transfusions according to Trust Policy

- This was very difficult to audit retrospectively as data on forms unreliable
- No code to record non-reversible BMF (chronic stable BMF) to capture those patients given platelet transfusions which were not indicated
- Pre transfusion platelet counts not always available (18%)
- Retrospective review of notes very challenging due to mass scanning of notes into EDM with unpredictable order

Audit Outcomes

- **Example of good practice:** Introduction of new platelet request form (available on the intranet, author Stacey Reichter)
 - To improve ability to audit
 - To make indications clearer to requesters
- Guidance on how to complete platelet request form correctly (available on intranet, author Stacey Reichter)
- Improved Education and Training for medical staff completing the forms
- Present audit on the BTU educational programme and Directorate Governance Meeting

New platelet request form

Found on hospital intranet – policies/transfusion/useful transfusion related documents

WARD PLATELET REQUEST FORM Directorate of Pathology & Cancer Care Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust Author: Tracey Reichter Authorised: Julie Johnson	Document ID: B-TRA-F-700046 Revision number: 5.0 Active date: 5 May 2015 Review date: 5 May 2017 Pages: 1/1
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PLATELET REQUEST FORM

PATIENT DETAILS- Affix addressograph	CLINICAL DIAGNOSIS	NUMBER OF UNITS	FOR USE ON DATE/TIME	IS THE PATIENT BLEEDING Y/N	PRE-TRANSFUSION PLATELET COUNT $\times 10^9/l$	DATE	TARGET PLATELET COUNT $\times 10^9/l$	<small>Specify for laboratory use only</small> Laboratory number (path) Clinical Special requirements

REASON FOR REQUEST: TICK BOX(ES)

Bone marrow failure (BMF)	TICK BOX	Critical care	TICK BOX	Immune thrombocytopenia	TICK BOX
P1R	Prophylactic for reversible BMF e.g. disease, treatment and count $<10 \times 10^9/l$ <i>Not indicated in chronic stable BMF</i>	P4	Massive transfusion aim for count of $>75 \times 10^9/l$, $>100 \times 10^9/l$ if multiple, CNS or eye trauma	P8	1 st Immune thrombocytopenia as emergency pre-surgery or with haemorrhage (aim for count $>80 \times 10^9/l$ pre major surgery & $>70 \times 10^9/l$ for obstetric regional axial anaesthesia)
P1R AUTO	Prophylactic reversible BMF associated with autologous BMT count $<10 \times 10^9/l$	P5	Acquired platelet dysfunction if non-surgically correctable bleeding	P9	Post-transfusion purpura if major haemorrhage
P1C	Prophylactic for chronic irreversible BMF e.g. MDS, AA not on treatment <i>Out of guidelines: phone lab for advice</i>	P6	Acute DIC & bleeding	P10	Neonatal alloimmune thrombocytopenia maintain count $>30 \times 10^9/l$
P2R	Reversible BMF with additional risk factors for bleeding platelet threshold according to risk e.g. sepsis if count $<20 \times 10^9/l$, GI bleed	P7	Inherited platelet dysfunction with bleeding or pre-surgery		
P2C	Chronic BMF (e.g. MDS) with additional risk factors for bleeding				
P3	Invasive procedure/surgery keep count $>50 \times 10^9/l$, $>80 \times 10^9/l$ if epidural, $>100 \times 10^9/l$ if CNS or eye surgery SPECIFY PROCEDURE/INTERVENTION BELOW:				

OTHER	SPECIFY BELOW: e.g. WHO bleeding grade 2 or above
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ORDERED BY (CONSULTANT OR REGISTRAR ONLY):

PRINT
SIGNATURE
DATE
TIME
WARD

SAME DAY ROUTINE DELIVERIES NEED TO BE ORDERED BY MIDDAY AT THE LATEST
PLATELETS RESERVED FOR 24 HOURS
IF NO LONGER REQUIRED, PLEASE INFORM THE LABORATORY ON EXT 4799/4436
STANDING ORDERS ARE NOT PERMITTED
SEND REQUEST FORM BY HAND OR FAX 704534
Prophylaxis = Prevention of "spontaneous bleeding"

Guide to completing a platelet request form

Found on hospital intranet – policies/transfusion/useful transfusion related documents

Guide to Completing a Platelet Request Form	Document ID	B-TRA-I-T00194
Directorate of Pathology & Cancer Care	Revision number	1.0
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	Active date	5 May 2015
Author Stacey Reichter	Review date	5 May 2017
Authorised Julie Johnson	Pages	1/4

Guide to completing a Platelet Request Form

The entire platelet request form must be completed by a registrar or consultant grade member of staff.

1. Top section

PATIENT DETAILS - Affix addressograph	CLINICAL DIAGNOSIS	NUMBER OF UNITS	FOR USE ON DATE/TIME	IS THE PATIENT BLEEDING Y/N	PRE-TRANSFUSION PLATELET		TARGET PLATELET COUNT x10 ⁹ /l	Space for laboratory use only Laboratory number (if/for) Group Special requirements
					COUNT x10 ⁹ /l	DATE		

Audit Outcomes

Prospective re-audit in last quarter 2015

- To review completion of forms
- To review wastage
- To review transfusion of platelets according to Trust policy