Transfusion Practice in Primary Care

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Introduction

Two hospitals within the region had audited requests for transfusion from primary care and identified that many were outside National Blood Transfusion Committee guidance. The Regional Transfusion Committee (RTC) performed a survey to establish whether these results reflected regional practice and to understand the educational input required to improve practice.

Methodology

Hospital transfusion laboratories were asked to provide the following information on requests for transfusion from primary care between April and June 2015.

Pre transfusion (within 3 months of request) Haemoglobin Ferritin Folate, B12 Direct Antiglobulin test (DAT) Estimated Glomerular Filtration Rate (eGFR)

Transfusion Episode

How many units were transfused

 $67\%\,(170/252)$ of requests contained a diagnosis. 'Other' included NHL/CML, Fe deficiency, chronic anaemia, sepsis, GI Bleeding, palliative care and frail & pale.



Results

Responses were received from 38% (8) hospitals within the region. This gave data on 252 samples.

6% (16/252) of samples were rejected as they did not comply with minimum labelling standards. This left 94% (236/252) of samples available for analysis.

Only 8% (19/236) of requests had B12 measured within the last 3 months and only 8% (18/236) had folate measured. A DAT result was available for only one request.

Other results were as follows -

In 65% (154/236) of cases an Hb was stated. In 36% of these this was greater than 80g/I. Range 52 – 106 g/L.



In 59% (156/263) the number of units was stated.



In 18% (43/236) a recent ferritin had been checked



Key Findings and Recommendations

The sample rejection rate was low. Up to 30% of the diagnosis included conditions which may or definitely were associated with iron deficiency.

In 36% of cases where an Hb result was provided, this was above 80g/l. 2/3 of ferritin results were compatible with absolute or functional iron deficiency. 17% of patients were transfused more than 3 units.

The potential to reduce the number of blood transfusion requests from primary care to only those appropriate appears to be high. Education regarding indications and alternatives to transfusion is required

For further information contact <u>katy.cowan@nhsbt.nhs.uk</u> The SWRTC website can be accessed at www.transfusionguidelines.org.uk/Index.aspx?Publication=RTC&Section=28&pageid=1062