Blood Administration Guidelines

Susan Whitehead

on behalf of
Andrea Harris

Transfusion Liaison Nurse – NHSBT

Member of the BCSH Transfusion Taskforce

Convenor of the Blood Administration Guidelines Writing Group
Blood Administration Guidelines

- Who are the BCSH and what do they do?
- BCSH guideline development process
- Some of the key blood administration recommendations related to nurse authorisation
  (adults, routine, non urgent / emergency, red cells)
- SaBTO Consent for Blood Transfusion
Who are the BCSH?

- 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.org
What do the BCSH do?

- The primary purpose of the BCSH is 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 following specific guideline writing procedures.

- This procedure endeavours to involve all relevant stakeholders and ensures review of draft guidelines by a wide spectrum of UK haematologists who act as 'sounding boards'.
Approval for guideline development from BCSH

Writing group members identified and agreed by BCSH

Literature review

Draft guideline produced

Draft guideline reviewed by the BCSH Transfusion Taskforce

Not Approved

Re-draft guideline

Approved

Draft guideline reviewed by the Sounding Board

Major changes needed?

Yes

Make minor alterations as required

No

Adapted from BCSH Process for Guideline Development

Adapted from the BCSH Procedure for Guideline Development (www.bcshguidelines.com)
Purpose and objectives

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

- Note: The clinical management of transfusion reactions is not included (a separate BCSH guideline is being developed)

- Provide the basis for the development of standardised local and regional policies, protocols and practice
Some key recommendations…

Keep it simple
- try to avoid complexity and concentrate on the key steps, especially patient identification.

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

At every stage of the transfusion process:

- Blood sampling
- Blood collection
- Patient details on request form
- Patient details on authorisation / prescription sheet
- Right results for the right patient at the right time

Blood administration
Clear and unambiguous communications between all involved in the transfusion process, including all clinical and laboratory staff and any other support staff, is essential.

Organisations should have local policies to minimise the risk of misinterpretation or transcription errors in all communications, whether written, verbal or electronic.
Documentation

- All paperwork relating to the patient must include, and be identical in every detail with, the minimum patient core identifiers contained on the patient’s identification band.
- Full and complete documentation at all stages
- E.g. transfusion care pathways
The decision to transfuse must be based on a thorough clinical assessment of the patient and their individual needs and documented in the patient’s clinical notes.
Pre-transfusion documentation requirements:

The clinical indication for transfusion

- Relevant pre-transfusion indices (e.g. FBC, coagulation screen)
- The date the decision for transfusion was made and the date the transfusion should be administered (if different)
- Blood components to be transfused and their volume / dose
- Patient information given (reason, risk, benefits, alternatives) and consent to proceed
- Any special requirements to transfusion e.g. CMV-ve / irradiated
Consent for Blood Transfusion
SaBTO = Advisory Committee on the Safety of Blood, Tissues and Organs

Advise Ministers of the UK Government (and the Devolved Administrations) on the most appropriate ways to ensure the safety of blood, cells, tissues and organs for transfusion / transplantation

2009 – SaBTO asked to look at ‘Consent for Blood Transfusion’
2010 – Consultation exercise
October 2011 – recommendations announced
Consent can be defined as “...a patient’s agreement for a health professional to provide care.”

Informed (or valid) consent can be defined as “an ongoing agreement by a person to receive treatment, undergo procedures or participate in research, after the risks, benefits and alternatives have been adequately explained to them.”
Valid consent for blood transfusion should be obtained and documented in the patient’s clinical record by the healthcare professional (as per BCSH Blood Administration Guidelines 2009)

Patients who have received a blood transfusion and who were not able to give valid consent prior to the transfusion should be provided with information retrospectively

There should be a modified form of consent for long term multi-transfused patients, details of which should be explicit in an organisation’s consent policy

Training and education
- Patients and public
- Healthcare professionals

Governance: NHSLA / CQC
Patient information and consent

Wherever possible, a trained and knowledgeable practitioner should inform the patient (and/or those with parental responsibility) of:

- The reason for
- The risks
- The benefits
- And the alternatives to transfusion.

- Timely and easy to understand
  Patient Information – written and verbal

- Documented in the patient’s clinical notes.
Requesting and Authorisation
Requests for blood transfusion

The ‘request’ constitutes the mechanism of communication with the transfusion laboratory, asking them to prepare and issue a component for administration.

- Clinical staff can discuss transfusion requirements with laboratory staff.

- The person making the request should be:
  - trained and competent
  - locally authorised
  - in possession of the relevant information about the patient

- The name of the person making the request should be clearly indicated on the written or electronic request form (plus telephone number).

- Extra care if telephone request – document and be aware of possible communication or transcription errors.
Requests for blood transfusion

- The details on the request form and the sample tube are the only direct contact between the clinical area and the blood transfusion laboratory – the accuracy and completeness of this information is therefore of vital importance – zero tolerance is recommended.

- As a minimum, the request should:
  - contain the patient's core identifiers (NB: also gender)
  - patient diagnosis and any significant co-morbidities relevant to the transfusion
  - provide a clear, unambiguous reason for transfusion. Terms such as 'pre-op', 'anaemia' or 'low Hb' alone are not acceptable
  - state when the transfusion will take place and the level of urgency
  - the location of the patient and where the blood will be transfused (if different)
  - any other relevant information (e.g. known antibodies, previous blood transfusion reactions, any known pregnancies)
  - What type of component is required and number of units
  - Any clinical special requirement (e.g. CMV –ve, irradiated)
Written authorisation / prescription

• Blood components should only be prescribed by an appropriately trained, competent and locally authorised registered practitioner, using an approved prescription sheet for intravenous fluids or on a special transfusion documentation record.

• NOTE: be aware of possible communication / transcription errors (e.g. telephone results, results for another patient).

• Ideally, to prevent communication or transcription errors, blood components should be prescribed by the registered healthcare professional making the decision to transfuse.
Written authorisation / prescription

• The prescription should include the following information:
  ✔ patient core identifiers
  ✔ date (and time if appropriate) the blood component is required
  ✔ type of blood component to be administered
  ✔ any clinical special transfusion requirements (e.g. irradiated, CMV negative, blood warmer required).
  ✔ number of units (or volume) to be transfused
  ✔ time over which each unit is to be transfused
  ✔ Any special instructions (e.g. concomitant drugs required, e.g. furosomide)
  ✔ Signature of the prescriber

NOTE: take care with terminology / abbreviations
Red Cells

- For routine administration, there is extensive experience of safely administering a red cell unit over 90-120 minutes per unit.
- Patients less tolerant of increased blood volume should be transfused more slowly with careful haemodynamic monitoring. For some patients it may be appropriate to give a diuretic.
- **Note:** SHOT reports relating to small adults being over-transfused.
- Transfusion should be completed within 4 hours of removal from temperature controlled storage.
Post transfusion documentation

Management and outcome of any transfusion reactions or adverse events

An indication of whether or not the transfusion had the desired effect (e.g. post transfusion increment in Hb or improvement in patient symptoms)

What about day case patients??
?? ?? Questions ?? ??

BCSH Guidelines

www.bcsghguidelines.org

SaBTO
Advisory Committee on the Safety of Blood, Tissues and Organs

www.dh.gov.uk/ab/SaBTO/index.htm

Consent documents:
www.transfusionguidelines.org.uk