

SECRTC Working Group :

Platelet Triggers and Increased Wastage

Working Group Objectives :

- review BCSH Guidelines and Findings of 2010 Re-Audit in the use of platelets in Haematology
- assess local BT policies: 8/ 11 Hospitals
- review articles on platelet transfusions
 - NBTC indication codes and guidance for use of blood components
 - London Platelet Action Group
- develop a Regional Platelet Guide
- Guide to be reviewed by Haem Consultants before incorporating into Trust Policies
- Look at ways to reduce wastage of platelets

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Findings of 2010 Re-audit

Reason for Transfusion	Audited episodes in each category	Appropriate	In-determinate	Outside Guidelines
Prophylactic	69%	60%	6%	34%
Pre-procedure	15%	64%	13%	23%
Therapeutic	13%	84%	12%	5%
Unclear	3%	0%	100%	0%

2010 Re-Audit of the use of Platelets in Haematology

Key Recommendations For Hospitals :

- local guidelines based on BCSH guidelines and fully implemented
- To specify platelets not routinely required:
 - prior to BM aspiration and biopsy
 - as routine prophylaxis in stable patients with long term BM failure
 - double dose prophylaxis not to be routinely used

2010 Re-audit of the use of Platelets in Haematology

Other Recommendations for Hospitals:

- reason for transfusion should be clearly documented
- a platelet count is required within a few hours prior to prophylaxis (within 24 hours for in-patients)
- transfuse close to procedure for maximum benefit
- time allowed for a post- count to assess response (10 minutes to 24 hours)

Review of BT Policies / Guidelines of Hospitals in SEORTC

- 4/6 Hospitals sent their BT Policies for review
- None referred to the Other recommendations

Content

SITE	GUIDELINES	2010 RE-AUDIT
SITE 1	GOOD	NOT INDICATED
SITE 2	GOOD	MENTIONED NOT CLEARLY INDICATED
SITE 3	FAIR	NOT INDICATED
SITE 4	NOT GIVEN	NOT INDICATED

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Where we are now :

- SECRTC indications for use of platelet transfusions
 - in table form and with algorithms
- Cons Haematologists review / with questionnaire
- incorporate Guide into Hospitals BT Policies.
- do we include other key recommendations i.e. best practice ? – evidence is that we do
- audit of use of platelets by TLM/TP after implementation

- Devise SECRTC 'Ways to reduce platelet wastage'
 - Our 'Top Ten Tips'

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Ways to reduce platelet wastage :

- Review NHSBT data on Hospital wastage

Information from Hospitals :

- no. of daily deliveries
- platelets held in stock
- Share platelets with other Hospitals ?
- availability of day care units ?
- are junior Haem staff making requests ?
- are algorithms used before passing up to Consultant ?
- possible complications of inappropriate transfusions considered ?
- use of alternatives considered ?