

Introducing a Paediatric Blood Transfusion Policy

Carol Cole

On behalf of
**Berkshire and Surrey Pathology Services
Transfusion Practitioner Team**



Berkshire and Surrey Pathology Services



**Berkshire & Surrey
Pathology Services**

NHS

Pathology Solutions

A joint venture between Grafton and St. Peter's Hospitals NHS Foundation Trust, Farnley Road NHS Foundation Trust, Royal Berkshire NHS Foundation Trust and Royal Surrey Society Hospital NHS Foundation Trust. Legal entity: Grafton Hospital NHS Foundation Trust.

RCA

Laboratory error and failure of communication

SHOT

Serious Hazards
of Transfusion



Mother: anti-D and anti-C detected at 17 weeks gestation
Advised close follow-up with titres
Monitored in tertiary centre



Given the **WRONG BLOOD**
O D-pos (incompatible with maternal
antibodies), should be O D-neg



Baby: induced delivery at 36 weeks in local centre: hyperbilirubinaemia, Group O D-pos
NICU staff were not aware of this baby prior to delivery; **not discussed in obstetric high risk meeting**





Policies not followed:
Day 3: Verbal requests for urgent blood for exchange
2 BMS did not look at maternal results so provided wrong group


The baby required repeat exchange transfusion with O D-negative on day 6

Writing the policy




Guideline



 **Transfusion**

Transfusion for Fetuses, Neonates and Older Children

Published: 15/04/2016



Further details

Committed To Excellence

Working Together

Facing The Future

Frimley Health

NHS Foundation Trust

NHS

Trust Policy

Blood Transfusion Policy for Neonatal and Paediatric Patients

with related guidelines

This policy covers

- All aspects of transfusion clinical practice including sampling, collection, administration, care and management of neonatal and paediatric patients having a transfusion
- Appendices cover:
 - Blood component (red cell, platelets, plasma and cryoprecipitate) guidance on indications, thresholds, doses & contraindications
 - Specific requirements for blood components (irradiated, Cytomegalovirus negative)
 - Acute Transfusion Reaction management
 - Allogeneic Transplant Transfusion Management
 - Domiciliary transfusions
 - Massive Haemorrhage
 - Exchange Transfusion

Key Points



British Society for
Haematology
Listening • Learning • Leading


Berkshire & Surrey Pathology Services

A joint service between St John and St Peter's Hospitals NHS Foundation Trust, Farnham, Surrey and St John's Hospital, West Surrey NHS Foundation Trust, St John's Hospital, Surrey. Hospital Management Unit, West Surrey NHS Foundation Trust, St John's Hospital, Surrey. Hospital Management Unit, West Surrey NHS Foundation Trust, St John's Hospital, Surrey.

NHS


Pathology Solutions

Sharing



BLOOD DROPS RSCH

Surrey Pathology Services



Further things to look out for

- NICE guidance**
The new policy will reflect changes outlined in the 2015 NICE guidance on transfusion
- Consider**
 - A single unit transfusion or at least a patient review after the first unit is transfused
 - Oral or IV iron as an alternative to transfusion
 - Is the transfusion appropriate?
 - Is the transfusion trigger for non bleeding, New Hb trigger for non transfusion
 - Anti-D, non transfusion is now 70 g/l

Anti D

New user friendly flow chart
Clearer guidance on indications for patient under 12/40
1500iu given post natally
Plans to offer fetal testing, to inform use anti D, coming soon

Paediatric guideline

This will be a separate guideline
It will reflect the new national guideline
Currently out for comment

Looking forward to 2018

New cross site Paediatric and Neonatal transfusion policy has just been ratified and will be published in the New Year.

Audit of the new Cell Free Fetal DNA test offered to RhD Negative pregnant women

Work continues to increase Doctor's training and competency compliance for Blood Transfusion.

Keep up the good work!



Berkshire & Surrey
Pathology Services

NHS

Pathology Solutions

A joint venture between Berkshire and St. Peter's Hospitals NHS Foundation Trust, Torbay and Devon Health Foundation Trust, Royal Berkshire NHS Foundation Trust and Royal Surrey Health NHS Foundation Trust. Legal entity: Royal Berkshire NHS Foundation Trust.

From the lab perspective



- Changes to SOP's in line with policy
- Training for BMS's and MLA's
- Improve communication streams

Photo from Google images

From a Clinical Perspective

- Welcomed a targeted policy as Paeds have often been included with adults
- Has raised awareness around the complexities of neonatal & paediatric transfusions
- Recognised need for further training
- Liked the fact that only one policy to access
- Reduction in incidents around lack of knowledge



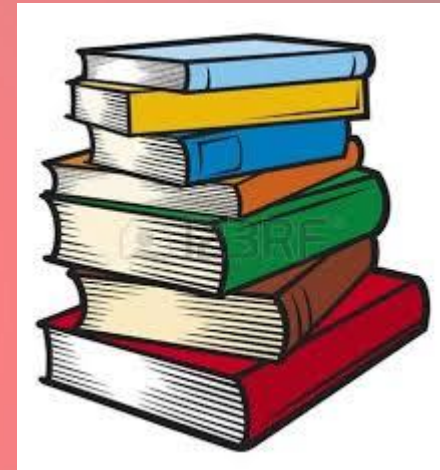
Photo from Google images (Royal Free)

Pros and Cons of Having a Separate Policy

Pros



Cons



Berkshire & Surrey
Pathology Services

NHS

Pathology Solutions

Where are we now?

- Now embedded in practice in all trusts
- Adult policy has just been through a major review in all trusts within network
- Paediatric undergoing its first major review so it is in line with adult policy
- Weight based prescribing included in assessment of knowledge and all Drs training
- Separate training sessions for paediatric nursing and medical staff (ASPH only)
- Introduction of paediatric Transfusion Care Pathway



**Berkshire & Surrey
Pathology Services**

NHS

Pathology Solutions

A joint venture between Grafton and St. Peter's Hospitals NHS Foundation Trust, Epsom, and St. Mary's Foundation Trust, Royal Berkshire NHS Foundation Trust and Royal Surrey Society Hospital NHS Foundation Trust. Legal entity: Grafton Hospital NHS Foundation Trust.