Action Checklist

Action for treating team

- ☐ Discuss patient's treatment choices
- ☐ If it is decided to proceed with the operation, arrange for a blood screen and optimization of patient's haematological condition

As soon as possible before the operation ensure that necessary information about the patient's treatment choices have been passed to:

- ☐ Anaesthetic Department
- ☐ Haematology Department
- ☐ Specialist Practitioner of Transfusion
- ☐ Operating Department

Checklist for patient/patient advocate:

- ☐ Booked in for early blood screen?

Are the following fully aware of my treatment choices

- ☐ Surgical Department
- ☐ Anaesthetic Department
- ☐ Haematology Department
- ☐ Specialist Practitioner of Transfusion
- ☐ Operating Department
- ☐ Is there a clear way of identifying me in Recovery to prevent me being transfused (e.g. a No Blood wristband)?

Treatment Choices

Acceptable medical treatment

✓ Jehovah's Witnesses accept most medical treatments, surgical and anaesthetic procedures, devices and techniques, as well as haemostatic and therapeutic agents that do not contain blood. They accept non-blood volume expanders, pharmaceuticals that control haemorrhage and stimulate the production of red blood cells, and all other non-blood management strategies.

Unacceptable Medical Treatment

X Transfusions of whole blood and its primary components (red cells, white cells, platelets and plasma).

X Pre-operative autologous blood collection and storage for later reinfusion (pre-deposit).

Matters of patient choice

a) Minor fractions of blood (e.g. albumin, coagulation factors, immunoglobulins)

b) Procedures that make use of the patient's own blood (autologous) (e.g. haemodilution, intraoperative and postoperative blood salvage)

Please keep this document together with the patient's *Advance Decision to Refuse Specified Medical Treatment* document. Please note that treatments listed in the centre of this document which may not be acceptable to the patient are indicated by red asterisks (*).

For more information on any technique mentioned herein, please contact:

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Care Plan

for Surgery in Jehovah's Witnesses

To assist in communicating the patient's choices to the clinical team

Planning Surgery

"In view of the range of individual choice displayed by patients who are Jehovah's Witnesses, it is essential to establish ahead of time their personal views regarding the use of blood, blood products and autologous transfusion procedures, for any of these that might be applicable in their treatment/surgery." (Better Blood Transfusion Toolkit, Appropriate Use of Blood, www.transfusionguidelines.org.uk)

Correct anaemia

Oral or IV iron
Folic acid
Vitamin B_{12}
Minimize blood sampling
Treat menorrhagia
Erythropoiesis Stimulating Agents (ESAs)

Correct clotting abnormalities

Review NSAIDs, warfarin, antibiotics, etc.
(When appropriate, in advance of the operation, change these for drugs without anticoagulant effects, or with a shorter half-life, such as low molecular weight heparin, thus allowing intraoperative management.)
Vitamin K
Protamine
Consider haemostatic agents
Check Coagulation Profile

Patient's Medical History

Examine patient's notes
Ask patient about bleeding abnormalities
Ask patient about circulatory problems

During Surgery

Not all of these options may be available, or acceptable to the patient. However, the treating team should be satisfied, before agreeing to perform an elective procedure, that they can handle predictable blood loss, or they should refer to a more specialized centre. (As per guidelines of Royal College of Surgeons, points 8 and 17, and Association of Anaesthetists, points 4.1.2 and 4.1.6.)

Techniques to minimize blood loss

Meticulous haemostasis
Haemostatic dissecting devices (such as laser, argon beam, microwave, ultrasonic, etc.)
Radiology guided arterial occlusion (pre- or intraoperative)
Minimally invasive procedures
Stereotactic radiosurgery
Enlarged surgical team—shorter operation
Surgical positioning
Intraoperative blood salvage *
Staging of complex procedures

Anaesthetic

Hypotensive anaesthesia
Normovolemic/hypervolemic haemodilution *
Full near-patient monitoring (TEG, HemoCue)
Artificial oxygen carriers
Tolerance of anaemia
Maintain normothermia

Haemostatic agents

Topical – surgical adhesives, tissue sealants *
Injectable – Tranexamic acid, desmopressin, vitamin K
Other – conjugated oestrogens, cryoprecipitate,* prothrombin complex concentrates,* recombinant factor VIIa, vasopressin

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* Check on acceptability with patient (see over)

After Surgery

In addition to the relevant intraoperative strategies, consider, as appropriate, the following.

Blood Salvage

Wound drainage and reinfusion after filtration *

Anaemia

Oxygen support
Erythropoiesis Stimulating Agents (ESAs)
IV iron
Folic acid
Vitamin B_{12}
Prophylaxis of infection
Minimize phlebotomy – microsampling, sample multi-testing
Hyperbaric oxygen

For Bleeding

Radiology guided arterial occlusion
Prompt re-operative surgery
Direct pressure
Elevate body part above level of heart
Haemostatic agents
Tourniquet
Controlled hypotension

For Shock

Trendeleburg/shock position (patient supine with head lower than legs)
Medical antishock trousers (M.A.S.T.)
Appropriate volume replacement after bleeding controlled

Monitoring and Observation

Enhanced schedule to detect haemorrhage quickly #

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* Check on acceptability with patient (see over)
# Directive from National Patient Safety Agency