

Empowering transfusion laboratory staff

**Why do we need it and what are the barriers
to overcome?**



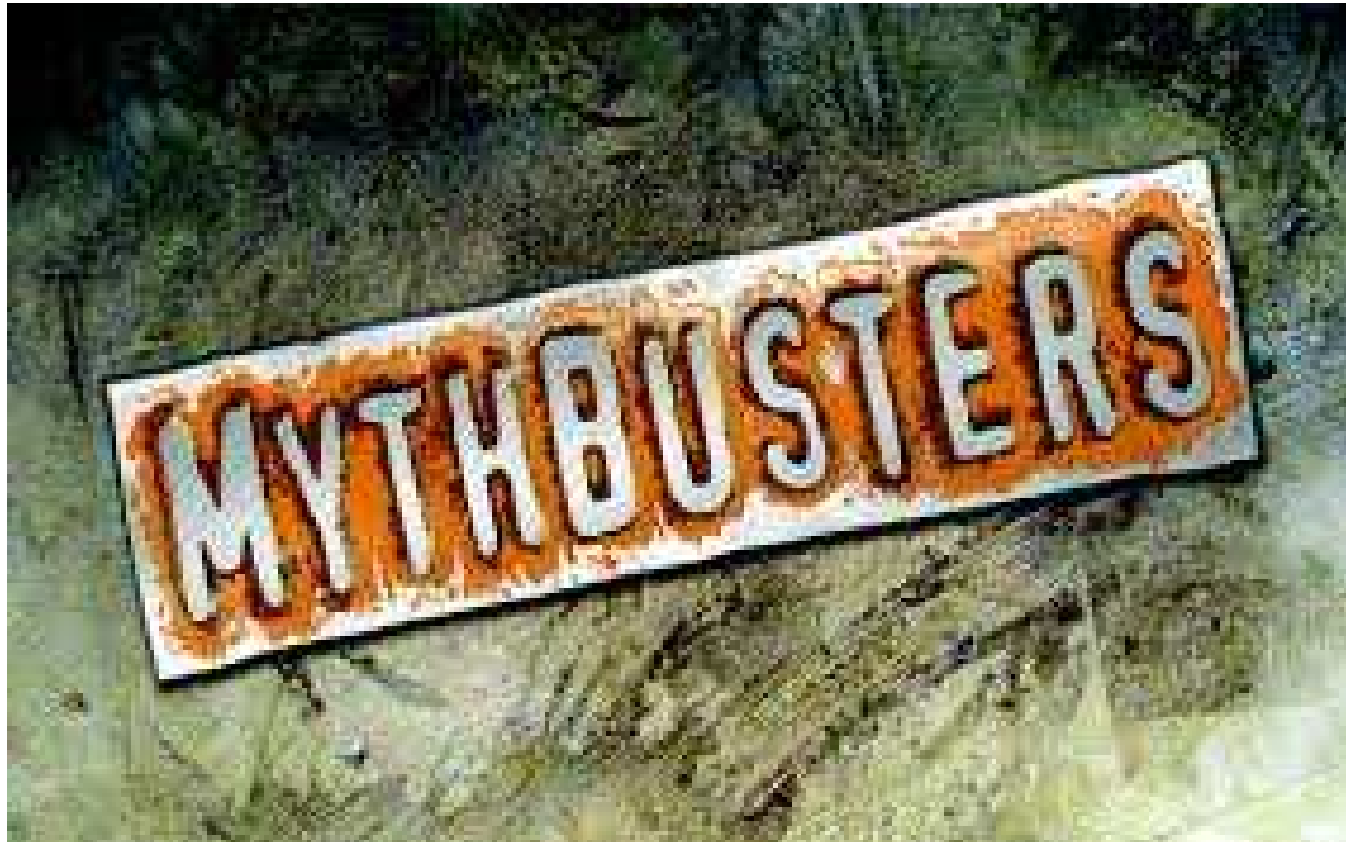
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Obstacles



- Perceived role of the biomedical scientist?
- Support from haematology medical staff
- Transfusion committee and Trust board commitment

Myths to bust!



Myth 1

‘We’re just here to provide a service – no questions asked’



Better Blood Transfusion 3



Health Service Circular

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Better Blood Transfusion *Safe and Appropriate Use of Blood*

- Avoid the unnecessary use of blood and blood components in medical and surgical practice

Objective	Action	By whom
Ensure the appropriate use of blood and the use of effective alternatives in every clinical practice where blood is transfused	• Implement existing national guidance (see Annex A) on the appropriate use of blood and alternatives	HTCs and HTTs working with clinicians

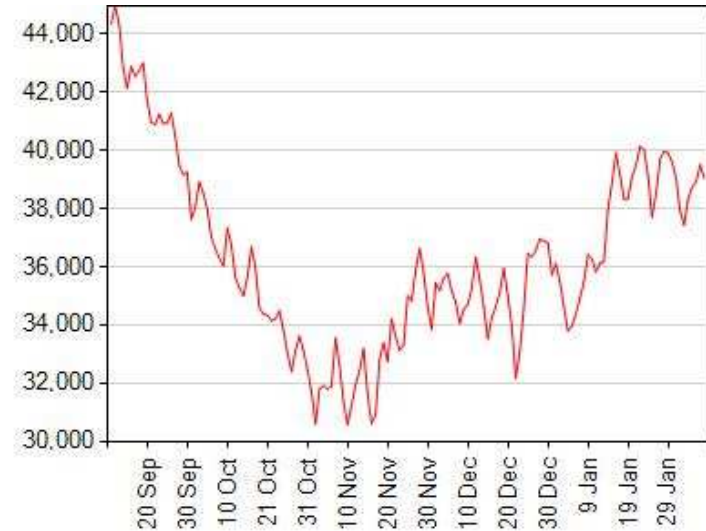
	<ul style="list-style-type: none">• Establish local protocols to empower blood transfusion laboratory staff to ensure that appropriate clinical information is provided with requests for blood transfusion.	HTCs and HTTs working with clinicians, pathology managers and blood transfusion laboratories
	<ul style="list-style-type: none">• Establish local protocols to empower blood transfusion laboratory staff to query clinicians about the appropriateness of requests for transfusion against local guidelines for blood use	HTCs and HTTs working with clinicians, pathology managers and blood transfusion laboratories

Patient Blood Management (2014)

- Evidence-based **multidisciplinary team** approach to optimising the care of patients who might need transfusion
- Focuses on measures for blood avoidance as well as **correct use of blood components when needed**
- Improves patient care – **optimises use of donor blood** and reduces transfusion-associated risk
- Reduces financial costs

Where do BMSs fit in to PBM?

- Collective responsibility to ensure appropriate use of blood:
 - **PATIENT SAFETY**
 - Blood conservation
 - Falling blood stocks
 - £££
- Need to be a service which advises and challenges to:
 - protect a vital and finite blood supply
 - Help prevent patients receiving inappropriate transfusions
 - Save money



Myth 1

‘We’re just here to provide a service – no questions asked’

MYTH BUSTED!

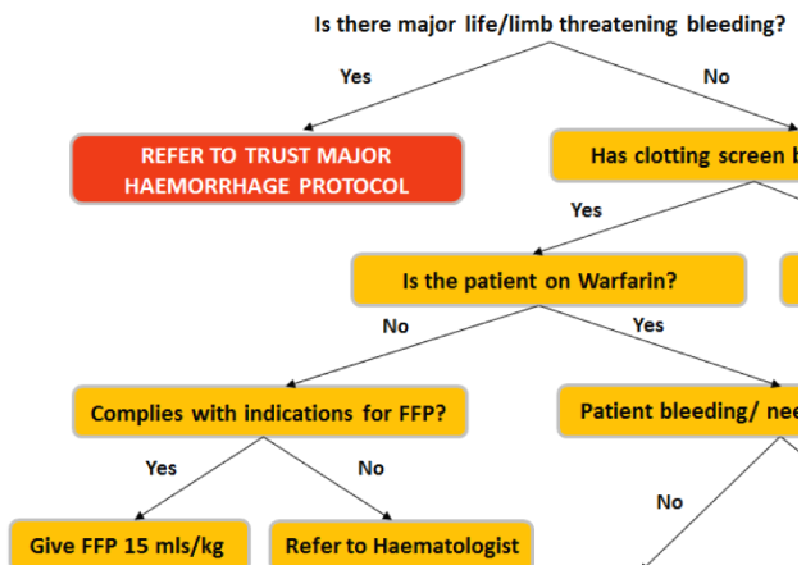


How do we do this?

- Lab staff should aim to be blood ‘custodians’
 - Collective responsibility, blood stocks, patient safety etc. etc.
- BUT be mindful of urgency and clinical situation and not delay blood provision....
- Review all requests – know the clinical details up front
 - **Active bleeding?** If not:
 - Check for recent Hb
 - Check clotting for FFP
 - You can ask for blood tests before issue if non-urgent
- Clear guidelines (lab and clinical)
- Support from haematology medical staff
- Transfusion Committee backing
- Trust Board backing



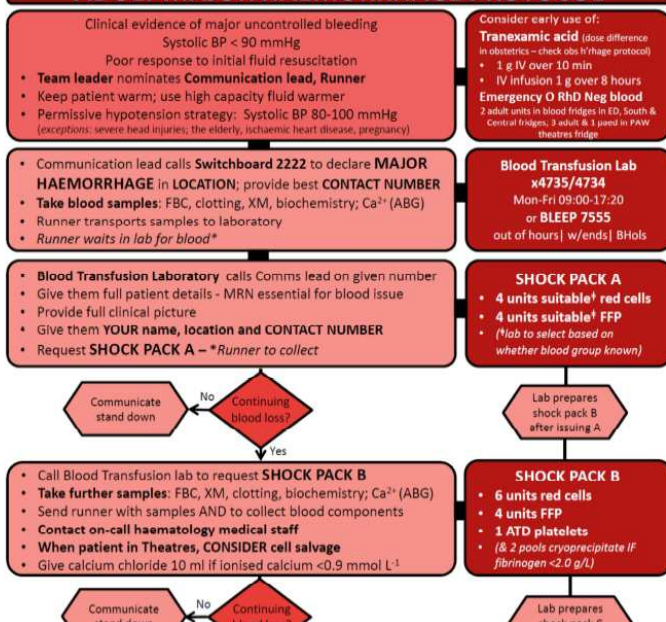
FFP Algorithm



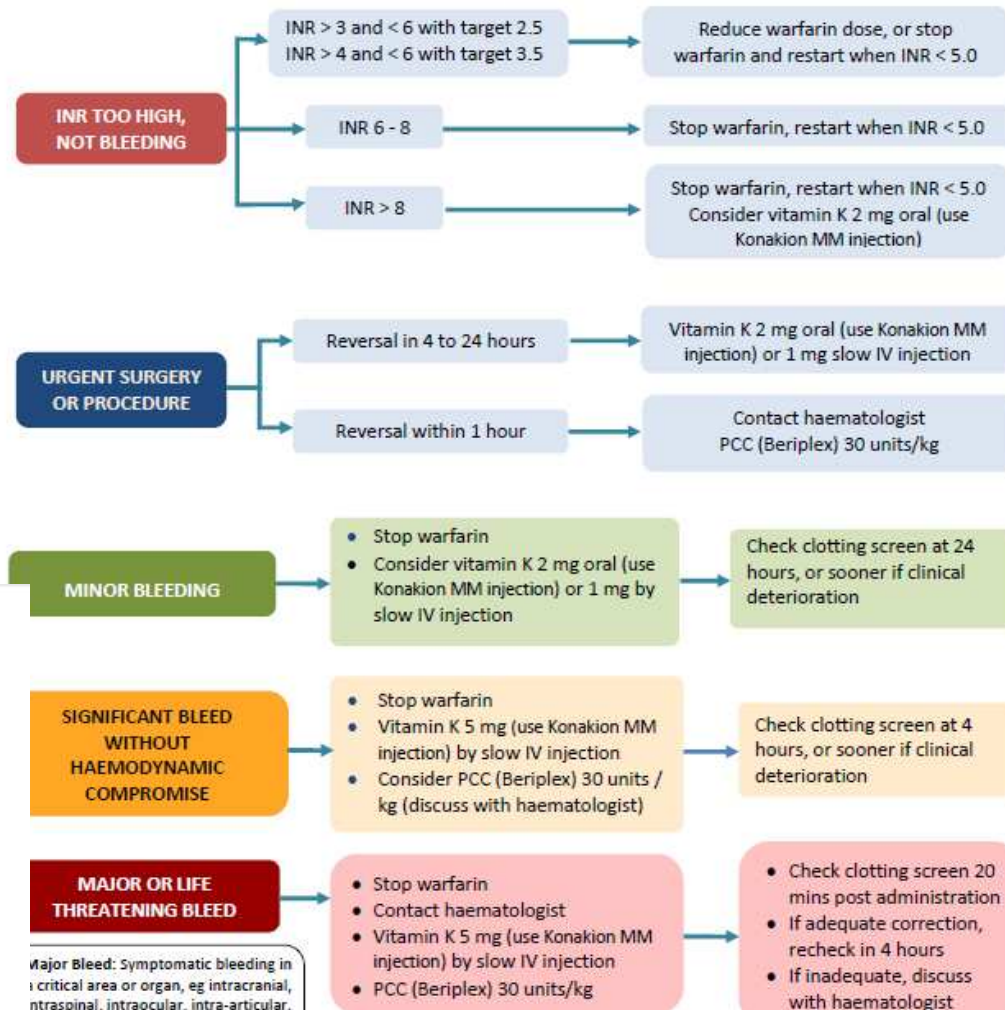
Royal United Hospital Bath
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ADULT MAJOR HAEMORRHAGE PROTOCOL



MANAGEMENT OF WARFARIN REVERSAL



Major Bleed: Symptomatic bleeding in critical area or organ, eg intracranial, intraspinal, intraocular, intra-articular,