

# Establishing a Partnership Between the Transfusion Department and Clinicians Requesting Blood

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# Aims of this Session

- To look at developing a partnership between the transfusion department and clinicians requesting blood
- Establish if there are any barriers to this
- What can we can learn from each other
- Promote professional confidence in dealing with situations

# HOW?

- We will look at some clinical scenarios
- Information will be given through discussion
- Aim of the session to look at your response and how would you manage this situation
- Does that change as you have more clinical information?

# SCENARIO 1

- Patient 1 day post delivery. Hb this morning 7.5g/dl
- Call from obstetric SHO – please can we have 3 units of RBC for this patient



# WHAT NOW?

- Patient 1 ( morning 7
- Call from ( we have 3



y. Hb this

- please can  
or this patient



# SCENARIO 1

- SHO doesn't know if patient previously anaemic during pregnancy or if she was investigated for iron deficiency; asked by SpR to organise 3 unit transfusion
- Patient feels tired and we want to transfuse 3 units before she goes home

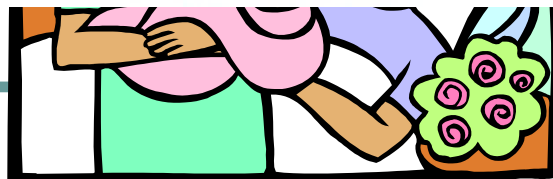


# WHAT NOW?

- SHO does anaemic investigation
- SpR to order
- Patient feels transfuse



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# WHAT COULD YOU DO?

- Ask/find for further information regarding Hb and relevant indices
- Discuss the patient's condition and appropriate transfusion trigger with the SHO
- Refer the SHO to Haematology SpR if transfusion still required.





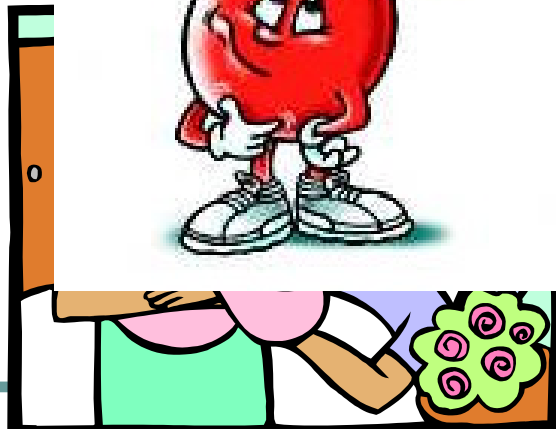
# SCENARIO 1

- The Obstetric SHO has discussed this with the Haematology SpR; the request has been approved by the Haematology SpR and the patient can have the three units



# WHAT NOW?

- The Obstetric SHO has discussed this with the Haematologist; the request has been agreed. The patient can have the test.



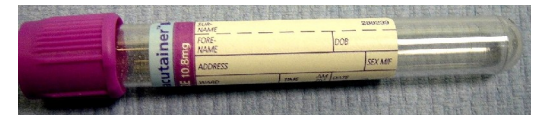
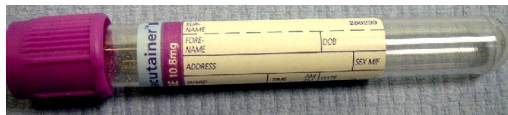
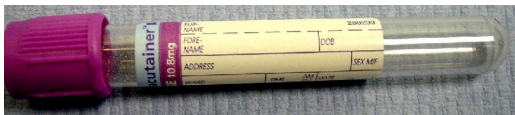
# WHAT COULD YOU DO

- Discuss the case and the transfusion trigger with the Haematology SpR in order to understand why the transfusion has been sanctioned by them
- Refer to Haematology Consultant
- Record the fact that the transfusion was referred and authorised by name of Consultant/SpR



# SCENARIO 2

- Blood sample for child (aged 3) arrives in laboratory
- The child has never been seen before at the Trust
- This is the second sample in 1 hour mislabelled on this child
- 1<sup>st</sup> had today's date not date of birth
- 2<sup>nd</sup> has incorrectly spelt surname
- A request for platelets comes to you

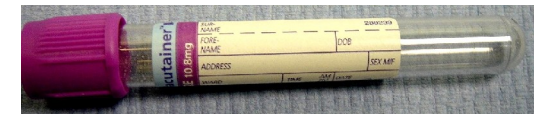
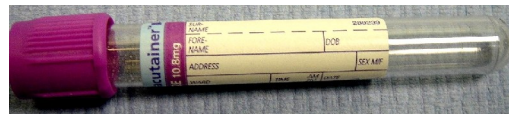
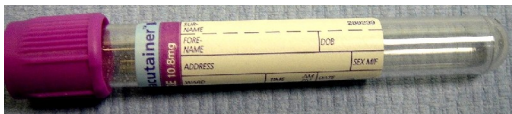


# WHAT NOW?

- Blood sample taken in laboratory
- The child has been seen before at the Trust
- This is the first time the child has been seen at the Trust
- 1st time the child has been seen at the Trust
- 2nd time the child has been seen at the Trust
- A request for platelets comes to you

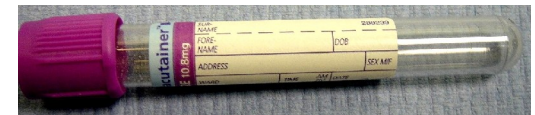
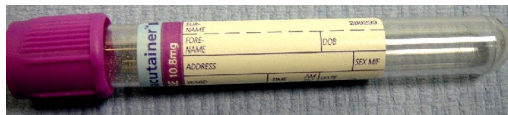
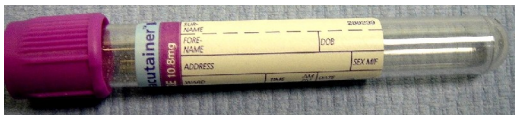


and 3) arrives in the laboratory  
seen before at the Trust  
within 1 hour  
of birth  
name



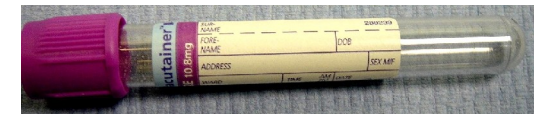
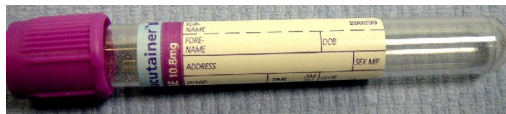
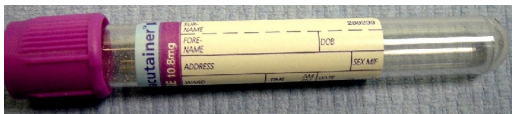
# SCENARIO 2

- There have been 2 FBC sent and the film shows low platelets & blasts
- Patient becoming anxious about more blood being taken and parents also very concerned about re-bleeding
- FBC shows low platelet count and team are keen to give a platelet transfusion



# WHAT NOW?

- There have been 2 FBC sent and the film shows 1 blasts
- Patient becoming blood being very concerned about more treatments also bleeding
- FBC shows joint and team are keen to transfusion



## SCENARIO 2

- Team are considering acute lymphoblastic leukaemia (ALL) as working diagnosis
- Child has atypical bruising, fatigue, some pain and a rash





# WHAT NOW?

- Team are considering acute lymphoblastic (ALL) as working diagnosis
- Child has a fever, fatigue, and some pain



# WHAT COULD YOU DO?

- Start the partnership by ascertaining the time frame/degree of urgency for the platelet transfusion and in that context explaining what options are available
  - Initiate group and platelet request pending third appropriately labelled sample
  - Concessionary release



# SCENARIO 3

- Staff Nurse comes to laboratory to ask for O Neg flying squad blood
- Flying squad is not stored elsewhere in the hospital
- She does not have any patient details other than she was told to come to the laboratory and pick it up
- There has been no requesting phone call
- The Nurse is not wearing a staff ID badge



# WHAT NOW?

- Staff Nurse Neg flying
- Flying square hospital
- She does r than she w and pick it
- There has
- The Nurse

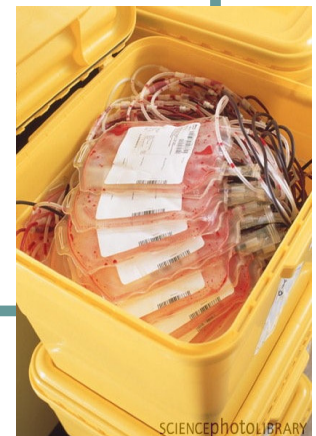


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# SCENARIO 3

- She tells you the patient has been found in the bathroom having had a large GI bleed
- He is very unwell and they have put out a medical emergency call
- They were putting a cannula in as she left and SHO said patient should have blood as soon as possible



# WHAT NOW?

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- He is ver out a me
- They wer left and S blood as



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call

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should have



# WHAT SHOULD YOU DO

- Recognise your role as part of the resuscitation team/process
- Act promptly
- Remove barriers that delay the issue of the blood
  - Ask nurse to phone ward to ascertain patient details
  - Give blood to nurse and phone the ward yourself for the patient details



# SCENARIO 4

- You are asked to supply Octaplex to an elderly patient in the A&E
- There is no current INR result as they haven't sent a clotting screen





# WHAT NOW?

- You are asked to supply Octaplex to an elderly patient
- There is no result as they haven't seen



# SCENARIO 4

- She has fallen downstairs at home and possibly fractured her pelvis and may have banged her head. She is on warfarin managed through her GP



# WHAT NOW?

- She has fallen downstairs at home and is possibly fractured and may have bled. She is on warfarin medication. What should her GP do?



# SCENARIO 4

- She is becoming more tachycardic and her systolic blood pressure has dropped since admission. She says she's not in pain and has had 500ml colloid.
- There is a concern she is bleeding internally and also concern that she may have sustained a possible head injury



# WHAT NOW?

- She is becoming more tachycardic and her systolic blood pressure has dropped since admission. She is in pain and has had 500ml of blood transfused.
- There is a concern for internal bleeding internally and she may have sustained a possible haematoma.



# WHAT COULD YOU DO?

- Recognise if you have sufficient knowledge or a protocol that would allow you to proceed
- Refer to the caller directly to Haematology SpR
- Could discuss the case directly with the Haematology SpR



# WHAT'S WORKED

- Daily handover team meetings that include BMSs, TP, Haematology/Transfusion consultant and Haematology SpR
- Clear protocols regarding transfusion triggers/indication codes
- A culture of developing knowledge and skills
- A Haematology/Transfusion Consultant that encourages an inclusive working environment
- Cohesive transfusion team working
- Review of incidents with individual reflective practice with the aim of team learning & development



# THE NEXT STEP ON THE JOURNEY

- It's in your hands
- Reflect upon today and ask yourself
  - What if any elements of empowerment from each scenario could change your practice?
  - Would any skills learned today support your professional confidence?
  - What will you do differently after today?