

Survey of GP Referrals for Blood Transfusion South West Regional Transfusion Committee K Cowan PBMP SW RTC

South West Regional Transfusion Committee



Rationale & Method

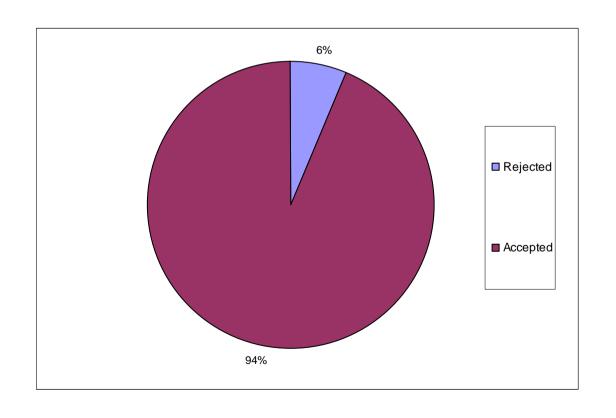
To support educational requirements in primary care in relation to blood component transfusion

Hospital laboratory staff documented content of transfusion requests from primary care in terms of adequacy of request and indication for transfusion.

Data collected between April – June 2015 252 request forms were completed from 8 (38%) of organisations

Accepted/rejected samples





252 samples where accepted/rejected was stated

Diagnosis



- Of 170 requests; most common listed:
 - >> Cancer 30%
 - >> Anaemia 22%
 - >> MDS 15%
 - >> Renal 11%

Diagnosis



Anaemia included:

"Fe deficiency" & "Chronic anaemia"

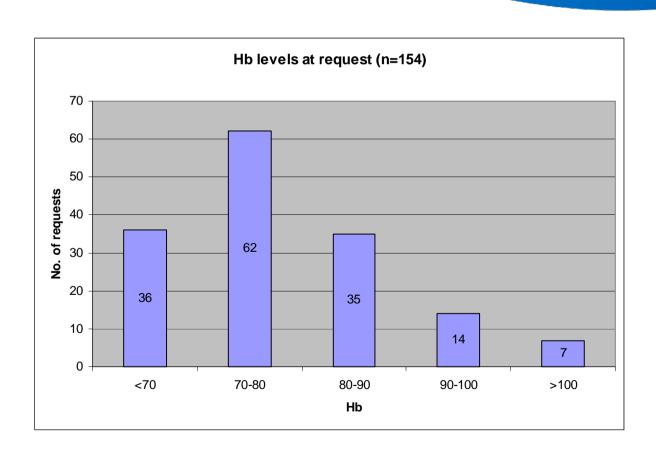
Other diagnosis/reasons included:

NHL/CML, Sepsis, GI bleeding

Palliative Care, IVF, "Frail & Pale"

Pre-transfusion Hb closest to transfusion (n=154)

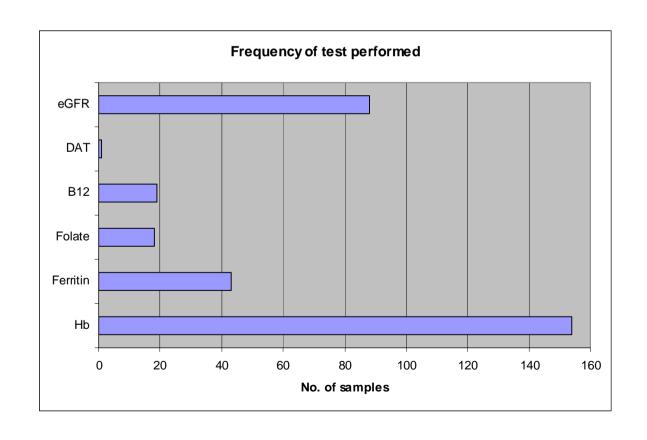




Range = 52 – 106 g/L

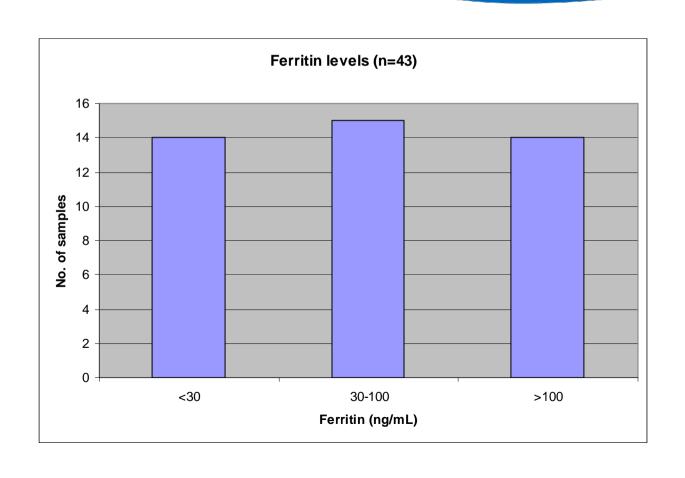
Range of supporting tests performed





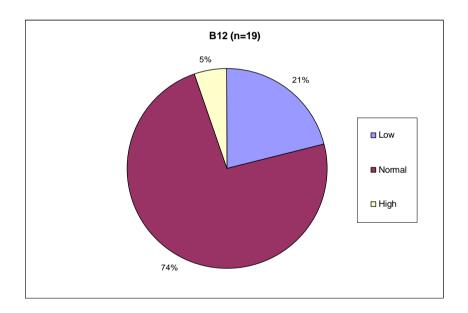
Tests within last 3 months: Ferritin



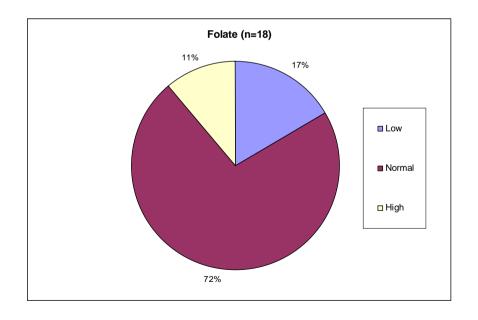


Folate & B12 (within last 3 months)





18/19 B12 also had Folate;



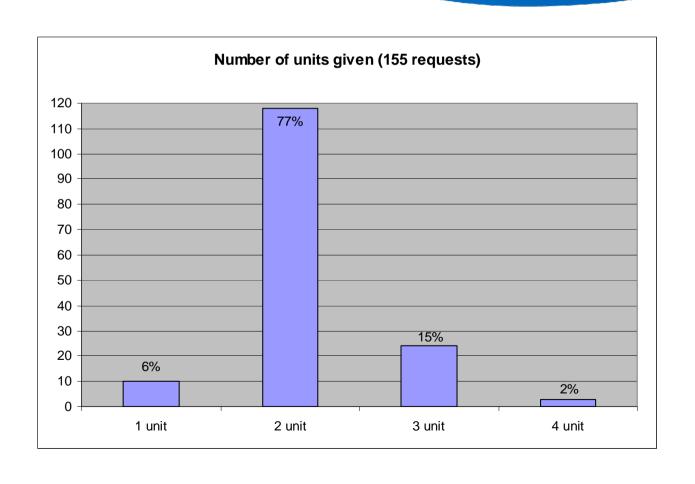
Units transfused



- •3% had 1 unit transfused
- •47% had 2 units transfused
- •15% had 3 units transfused
- •2% had 4 units transfused
- •1 case rejected on grounds of normal Hb, no others rejected
- •38% no data given

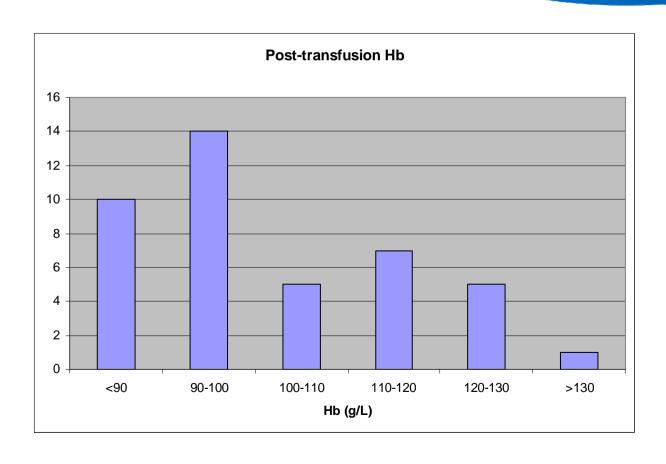
Number of units given per request





Post-transfusion Hb (within 1 week)





Only 42 posttransfusion results given; Calculated against 155 requests transfused = 27%

Findings



- 6% rejection rate for samples.
- Wide range of Hb results but many of them above 8g/l 36%
- Supplementary tests: Ferritin testing showed 1/3 patients having ferritin <30 and 2/3 <100.
- 17% patients had 3 or more units transfused
- GPs use "Fe deficiency" as a diagnosis but continue to transfuse as a treatment.



Recommendations

•SWRTC need to continue our efforts to engage and educate primary care about PBM and single unit transfusion