How to establish a multidisciplinary PBM programme

Debbie O'Hare Norfolk and Norwich University Hospital October 2015





National Blood Transfusion Comn

ient Blood Management

evidence-based approach to patient care

26 June 2014

AGENDA

PATHOLOGY BLOOD TRANSFUSION COMMITTED

Monday 8 September 2014 at 13.00 Room 23, Coltishall Ward, West Block, Level 2

Our Vision

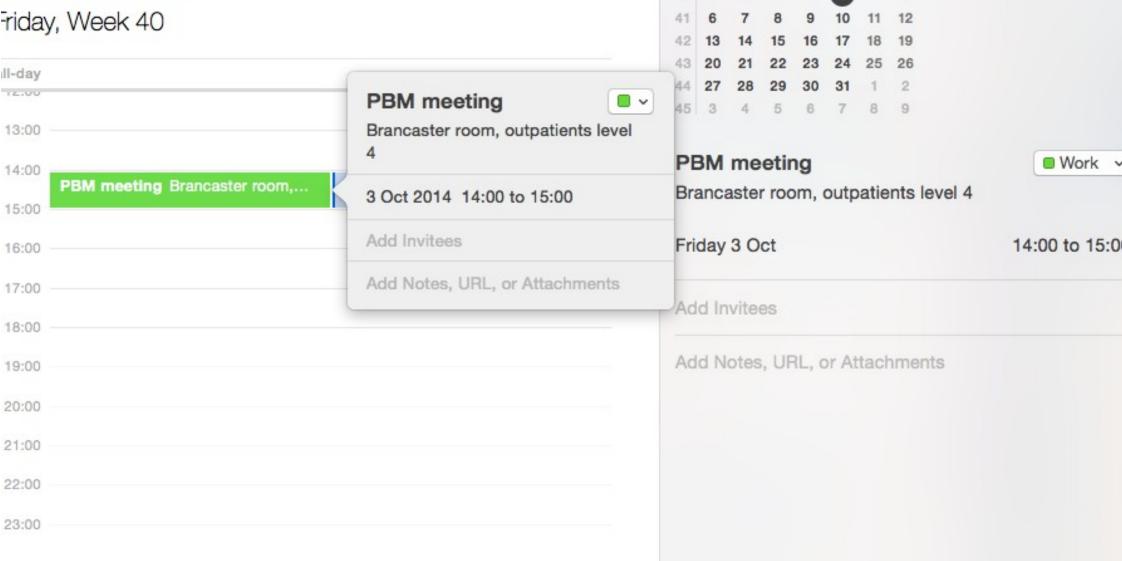
To provide every patient with the care we want for those we love the most

Norfolk and Norwich University Hospitals M

NHS Foundation Trust

tient Blood Management Group (PBM) - Terms of Reference

3 October 2014



Today

The team ...

- Consultant haematologist
- Chief biomedical scientist
- Transfusion practitioners
- Consultant anaesthetist
- Consultant orthopaedic surgeon
- Preoperative assessment unit
- Project support

Action Plan for National Patient Blood Management Recommendations

Recommendation	Compliance / Comments	Action(s) required	Owner of Action	Action completed
A. General Considerations				
Establishment of PBM	programme and raising awareness amongst cl	inicians and patients		
All NHS Trusts should establish a multidisciplinary PBM programme through the Hospital Transfusion Committee (HTC) or as a subgroup of the HTC. Education of all clinicians involved in the decision to	There is online training provided for clinicians – we may need to put more emphasis on PBM and			
transfuse blood components should be provided to enhance clinician awareness about good patient blood management including avoidance of blood wherever possible.	avoidance of blood. There is a face to face induction session available and a mandatory training session for consultants. Time is always tight for these sessions and the induction slot as just been cut.			
Education of patients for whom transfusion may be a treatment option about individualised blood management and blood avoidance should be an	I suspect we are sadly lacking here! There are patient information leaflets available, I don't know how much they are used. I did question patients for a NNIPS project and the majority were very happy with the amount of information they got regarding transfusion			

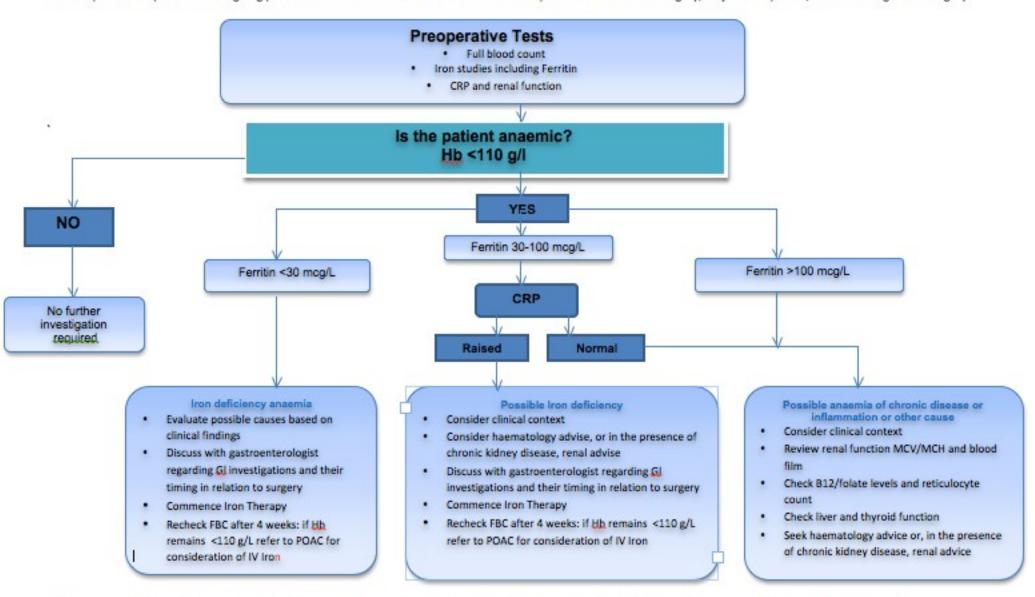
 Investigation and Management of Preoperative Anaemia

Education

Reduction in latrogenic Anaemia in CCC

Preoperative Haemoglobin Assessment & Optimisation Template

This template is for patients undergoing procedures in which substantial blood loss is anticipated such as cardiac surgery, major orthopaedic, vascular and general surgery.



Preoperative Tests

- · Full blood count
- Iron studies including Ferritin
 - CRP and renal function

Is the patient anaemic? Hb <110 g/l

Iron deficiency anaemia

- Evaluate possible causes based on clinical findings
- Discuss with gastroenterologist regarding GI investigations and their timing in relation to surgery
- Commence Iron Therapy
- Recheck FBC after 4 weeks: if Hb remains <110 g/L refer to POAC for consideration of IV Iron



May 2015



Norfolk and Norwich University Hospitals

Ref: ATM/SEM

17th August 2015

Medical Executive Secretariat Room 12.1.026, East, Level 1 Norfolk and Norwich University Hospital Colney Lane Norwich NR4 7UY

direct dial: 01603 286054/286055

e.mail; susan.march@nnuh.nhs.uk philippa.morris@nnuh.nhs.uk wgbsite; www.nnuh.nhs.uk

Dr D O'Hare Consultant Anaesthetist Norfolk & Norwich University Hospital

Dear Debbie

Ferric carboxymaltose (Ferinject)

I am writing to advise that your application for ferric carboxymaltose (Ferinject) to be added to the Formulary for iron deficiency anaemia in pre-operative a) elective surgical patients who have not responded to oral iron therapy or b) patients with iron deficiency anaemia has received final approval from the Trust.

Kind regards

Yours sincerely



Have no fear of perfection, you'll never reach it.

- Salvador Dali