

# **Need for transfusion? Supply, safety, PBM and consent**

**Katy Cowan - PBM Practitioner**

**PBM in surgery 7<sup>th</sup> November 2018**

# Blood supply

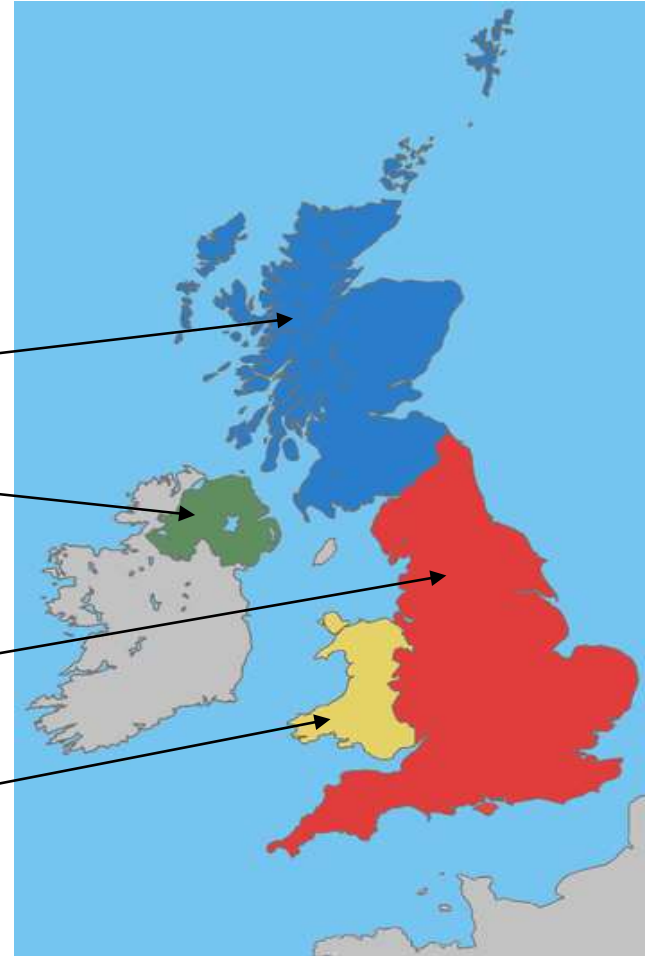
♥ UK supplied by 4 blood services:

SNBTS

NIBTS

NHSBT

WBS



[http://commons.wikimedia.org/wiki/File:Uk\\_map\\_home\\_nations.png](http://commons.wikimedia.org/wiki/File:Uk_map_home_nations.png)

# Blood supply

- ♥ NHSBT supply England and MOD
- ♥ YTD 2016/17 NHSBT issued to hospitals:  
(1000's)

1443	units Red Cells	SW 117.10
258	units Platelets	SW 18.07
177	units FFP	SW 12.76
35	units Cryoprecipitate (pooled)	SW 1.51

# Blood supply

- ♥ NHSBT need 6,000 donations every day for patients across England
- ♥ Every year we need approximately 200,000 new donors
- ♥ Only 4% adults are currently blood donors

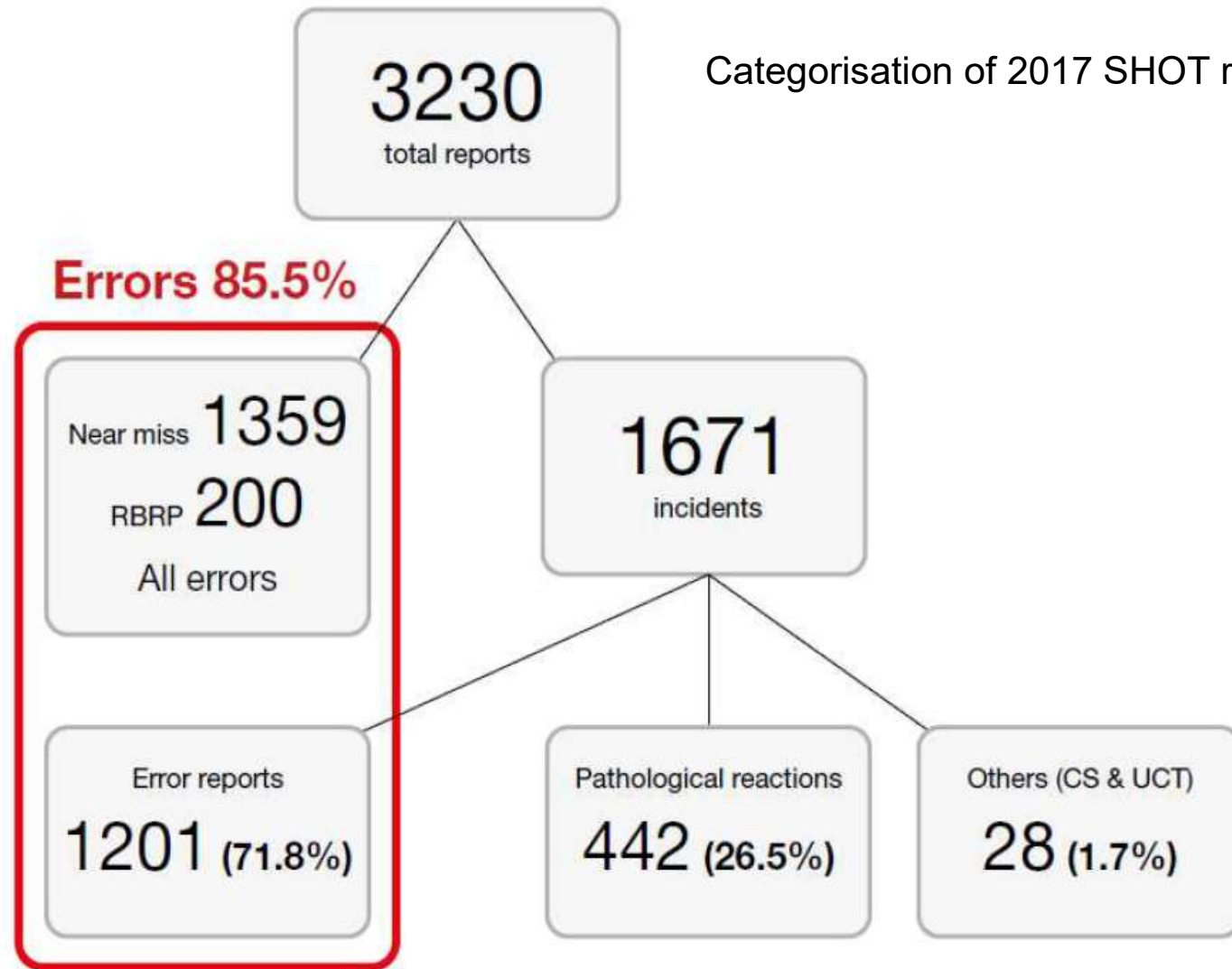
([www.blood.co.uk](http://www.blood.co.uk))

# Blood safety

Blood Safety and Quality Regulations (BSQR - 2005)

- ♥ Advisory Committee on the Safety of Blood Tissues and Organs (SaBTO)
- ♥ Guidelines for the Blood Transfusion Services in the UK (8th Edition):
  - ♥ Donor Selection:
  - ♥ Microbiology testing:
  - ♥ Minimise bacterial/viral contamination:
- ♥ Clinical support teams ~ medical eligibility, 'hold' processing / 'recall', issue of components
- ♥ Donors are voluntary and non-remunerated (WHO 2020 goal)

## Categorisation of 2017 SHOT reports



*RBRP=right blood right patient; CS=cell salvage; UCT=unclassifiable complications of transfusion*



SERIOUS HAZARDS OF TRANSFUSION

**SHOT**

# Patient Blood Management

- ♥ Patient Blood Management is a multi-disciplinary, evidence based approach to optimising the care of those patients who might need a blood transfusion.
- ♥ It puts the patient at the heart of decisions about transfusion to ensure that they receive the best treatment and that avoidable, inappropriate use of blood and blood components is reduced.

# Patient Blood Management

- ♥ International Initiative in best practice
- ♥ NHSBT, DoH and NBTC support trusts manage blood use effectively
- ♥ Inappropriate use could be reduced
- ♥ Current trend is unsustainable



# Patient Blood Management

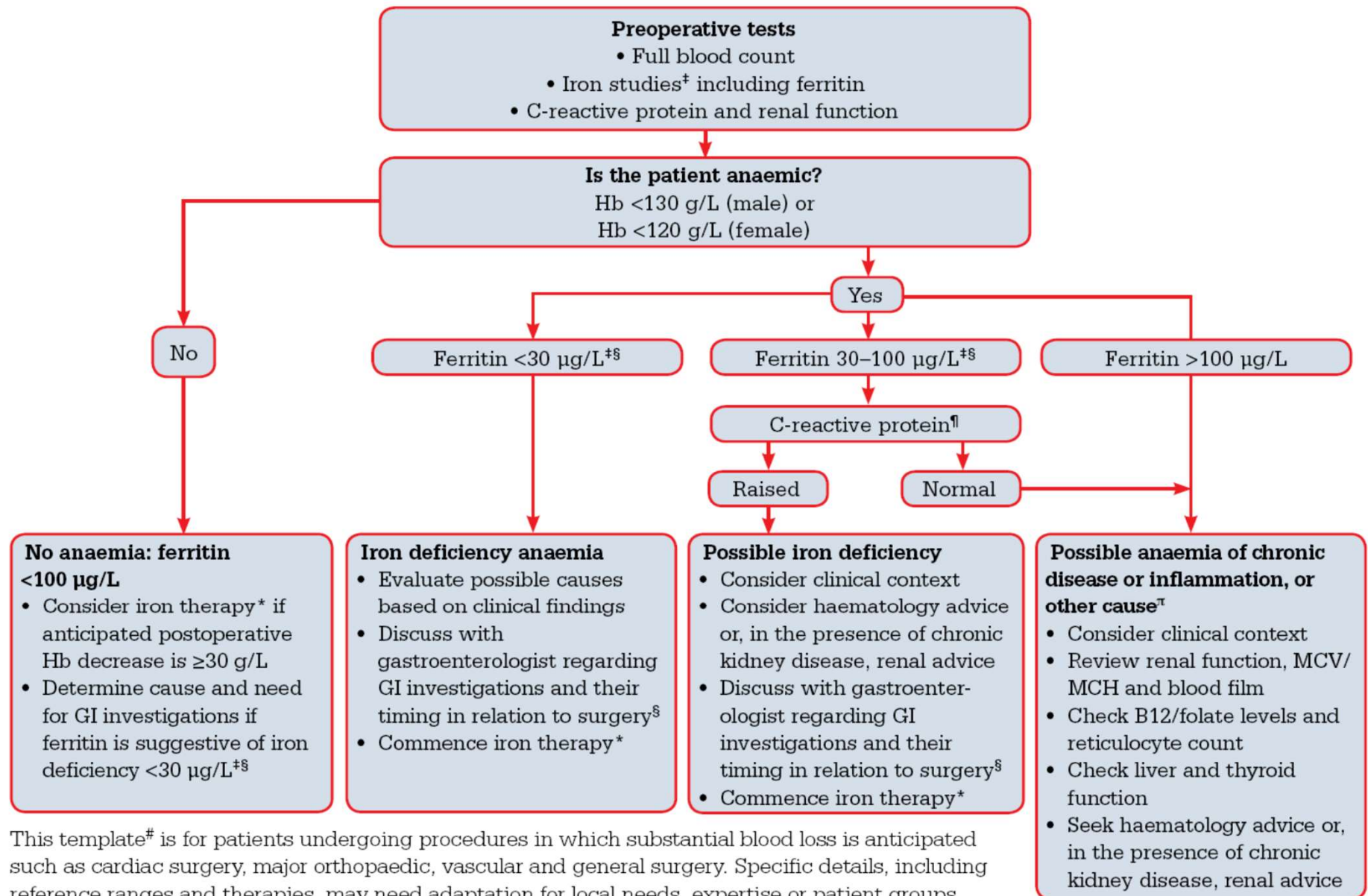
- ♥ Better patient outcomes
- ♥ Own blood rather than donor blood
- ♥ Beyond appropriate
- ♥ Addresses modifiable risk factors

# Patient Blood Management

Strategies for planned surgery

- ♥ Pre-op assessment – identify, investigate and correct anaemia / clotting problems
- ♥ Intra-operative – minimise blood loss, IOCS
- ♥ Post-operative – protocols to drive transfusion.

# Algorithm to assist preoperative assessment of anaemia



# Consent

## Background

- ♥ In March 2010 SaBTO initiated a public consultation on patient consent for blood transfusion

# Consent

It identified that:

- ♥ Not always given information
- ♥ Not always made aware that they have had a transfusion
- ♥ Those unaware that they have had a transfusion may go on to donate
- ♥ There is inconsistent practice across the UK

# Consent


- ♥ Type of blood component
- ♥ Indication for transfusion
- ♥ Benefits
- ♥ Risks
- ♥ Possible alternatives
- ♥ Administration and Positive Patient Identification
- ♥ Following transfusion the patient can no longer donate blood



NHS  
Blood and Transplant

## Will I need a blood transfusion?

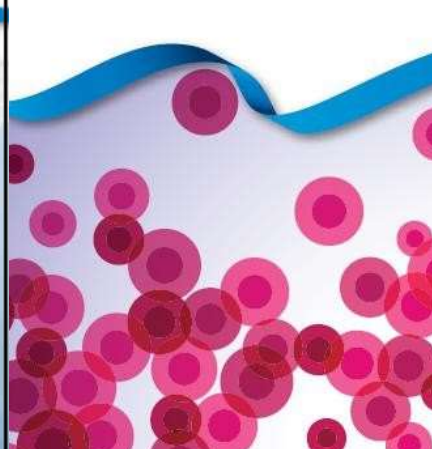
Patient information



NHS  
Blood and Transplant

## Anaemia

Patient information



NHS  
Blood and Transplant

## Will I need a platelet transfusion?

Patient information



NHS  
Blood and Transplant

## Right Blood, Right Patient, Right Time

### Transfusion 10 commandments


1. Transfusion should only be used when the benefits outweigh the risks and there are no appropriate alternatives
2. Laboratory measures are not the sole deciding factor for transfusion
3. Transfusion decisions should be based on clinical assessment underpinned by clinical guidelines
4. Anaemic patients do not necessarily need transfusion
5. Discuss the risks and benefits of transfusion with the patient
6. Initial resuscitation in acute blood loss should be with IV fluids but do not delay ordering blood
7. Patients must wear an ID band (or equivalent)
8. The patient should be monitored during the transfusion
9. The reason for transfusion should be documented in the clinical record

Failure to check patient identity can be fatal

NHS  
Blood and Transplant

## Information for patients needing irradiated blood

Including important patient card and patient record stickers




**I am at risk of transfusion-associated graft-versus-host disease**  
If given, this may cause serious illness. Please tell your healthcare team. **MUST BE IRRADIATED**

NHS

*i* Patient Information

NHS  
Blood and Transplant

## Iron in your diet



*i* Patient Information

NHS  
Blood and Transplant

## Information for patients who have received an unexpected blood transfusion

Note: This leaflet should be read alongside the NHS Blood and Transplant patient information leaflet 'Will I need a blood transfusion?'

While you were in hospital, it was necessary for you to receive a blood transfusion. There are many reasons why patients may need a transfusion, some of which are discussed in the 'Will I need a blood transfusion?' leaflet. However do please ask a member of your healthcare team about why you needed a blood transfusion. They will be able to answer any questions you may have.

### Are blood transfusions safe?

Yes, the risk that a blood transfusion may make you ill is very low. More information about any potential infection risks, and all the measures that are taken to ensure your safety, is included in the leaflet 'Will I need a blood transfusion?'.

### I'm a blood donor. Can I still donate?

As a precautionary measure to reduce the risk of transmitting variant Creutzfeldt-Jakob Disease (vCJD), people who have received a blood transfusion since 1980 are not currently able to donate blood.

### Do I need to tell my doctor?

The hospital should include information in the discharge letter to your GP to tell them that you have had a blood transfusion, and to explain why it was carried out. The hospital should give you a copy of this letter, if they don't, you can ask the hospital for a copy.

# Consent for transfusion

- Patient at the heart of decisions about transfusion
- Blood Transfusion – ‘The transfer of blood components from one person (the donor) to another (the recipient)’  
*A liquid transplant.*
- “*We’re just going to give you a couple of units of blood...OK?*”
- Retrospective information



# Consent – what's new?

- Montgomery Vs Lanarkshire March 2015
- Bolam test no longer applicable for consent
- Law now requires a doctor to take
- ***“reasonable care to ensure that the patient is aware of material risks involved in any recommended treatment and of any reasonable alternative or variant treatments”***

# Consent – what does this mean in practice?

- ♥ Does the patient know about available alternatives?
- ♥ Have I tried to ensure that the patient understands all of the information?
- ♥ Have I documented the details of the consent process?

# Exceptions

- ♥ The patient requests not to be informed
- ♥ Clinical situation means consent cannot be obtained
- ♥ There is a genuine and significant risk of harm associated with providing the patient the information at that time

**Being too busy is not an adequate reason!!**

Katy Cowan  
Patient Blood Management Practitioner  
NHSBT  
[Katy.cowan@nhsbt.nhs.uk](mailto:Katy.cowan@nhsbt.nhs.uk)