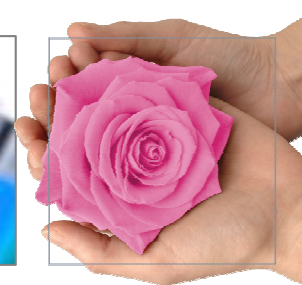




Cambridge University Hospitals **NHS**
NHS Foundation Trust

Patient special requirements



Innovation and **excellence** in health and care

Addenbrooke's Hospital | Rosie Hospital

Factors

- Things that we, as transfusion scientists, need to consider every time we select a blood component for a patient
- Age
- Gender
- Diagnosis
- Therapy
- Immunology

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How do we know all this stuff?

- Guidelines + Legislation
- BCSH
- SHOT
- IBMS
- NIHCCE
- MHRA
- Royal Colleges

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What makes a requirement a SPECIAL requirement?

- Are they all special?
- Some are more special than others
- Those that are not “off the shelf”
- Those that are not always obvious
- When not meeting them causes significant harm



SHOT 2007

- 86 cases of non-irradiated blood components transfused erroneously
- When were BCSH guidelines on irradiated blood first published?
- Very large increase due to novel use of fludarabine
- Many more patients with this special requirement



What to do?

- Need to highlight the growing problem
- Presentation prepared
- Presented at all RTCs



East of England

- Addenbrooke's system for local notification in place
- Extended regionally
- Fax + Fax back
- Follow-up
- Worked reasonably well



Checked

Request for Irradiated and Other Specialised Products

Haemfrm041

11/1/12

Consultant: A SUREDA	ADDRESSOGRAPH Or [REDACTED]
Ward: D6	Date of Birth: [REDACTED] Hospital Number: [REDACTED] Address: [REDACTED]
Reason for specialised products: FLAIDA/ ALO SCT	
NHS Number:	
Referring Hospital:	
Shared Care Hospital(s)*:	

Please tick appropriate boxes:

Red cells

Irradiated ☒
CMV neg ☐
(paediatric only)
Washed ☐
HPA-matched ☐
Specificity if known:

Platelets

Irradiated ☒
CMV neg ☐
(paediatric only)
Additive Solution ☐
HLA-matched ☐
Specificity if known:
HPA-matched ☐
Specificity if known:

Granulocytes ☐

Initial granulocyte request discuss
with NBS Consultant
Subsequent requests order from
blood transfusion

Signed: **[Signature]** (Registrar/consultant) Date: **11/1/12**

Clinical team send copy of this completed form to

Transfusion Laboratory
Level 3, Box 234
Addenbrooke's Hospital NHS Trust
Completed by: _____ (Signature, print name and date)

If urgent Fax 01223 596276 or ext 6276

Letter, leaflet and card to the patient (irradiated products only)

Completed by: _____ (Signature, print name and date)

Addenbrooke's blood transfusion laboratory flags requirement on laboratory computer

Completed by: **[Signature]** (Signature, print name and date)

Checked by: **[Signature]** 10/1/12

Copy returned to specialist nurses by:

and sends notification to blood transfusion laboratories in referring and shared care hospital(s)

Completed by: _____ (Signature, print name and date)

*Confirmation of receipt with shared care hospital blood transfusion laboratory

Please specify hospital:

To confirm receipt of this form please Sign, print name and date below and fax to Transfusion Laboratory,
Addenbrooke's hospital on 01223 596276.

Completed by: _____ (Signature, print name and date)



London

- Invited to support London initiative
- EoE approach adopted as it was the only working system
- Form further developed
- 32 versions in the end
- Became complex due to London hospitals need for additional information
- Not to mention the colours and all the logos!

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Taken to NBTC lab managers sub-group

- Not adopted
- Form too busy
- Other regions with own system in place



Now

- Form being updated in London
- Why? – form too busy
- EoE – intention to revise soon



Box for Document Control and Hospital Logo

Blood Transfusion Special Requirement Request**Patient Details:**

Hospital Number: _____ NHS Number: _____

First name: _____ Surname: _____

Date of Birth: ____/____/____

Patient treated at other hospitals* Y / N Referring Hospital: _____ * Mandatory

Diagnosis / Reason for Special Requirements: _____
(See Reverse for Indications for special blood requirements)

Complete this box if ABO Mismatched Transplant (HSCT/Solid Organ)

Component Requirement ABO/RhD group

Recipient ABO/RhD Group: _____ Red Cells: _____

Donor ABO/RhD Group: _____ Platelets: _____

FFP/Cryo: _____

Component Requirements (circle option below)

Irradiated Components Yes/No

CMV Negative Blood required Yes/No (Neonate/Planned transfusion during pregnancy)

HLA/HPA Matched Platelets Yes / No

Washed cells Yes / No

Date Started: ____/____/____

Review Date: ____/____/____

Atypical antibodies present Yes / No Details: _____

Signed: _____ Bleep: _____ Date: _____

Print name: _____ Job Title: _____

Form/copy sent to Laboratory: Yes / No

Lab Use Only - Treating Hospital

FAX Number: [Insert Hospital Fax Number]

Received in lab (Date/Time/By): _____

Flag Entered on Patient LIMS record (Date/Time/By): _____

Date and time faxed to referring hospital: _____

Lab Use Only - Referring Hospital

Confirmation of receipting lab on Date/Time/By: _____

Existing patient Y/N

Entered on LIMS (Date/Time/By): _____

PLEASE SEND Response fax back at number above. Faxed to Treating Hospital (Date/Time/By): _____

[For Document Control/Hospital Logo]



Audit of recent activity

Results for period October 2011 – September 2012

Hospital	Prompt Fax	Delayed Fax	Verbal Communication	No Reply	Total
?	16	2	4	0	22
?	22	5	9	2	38
?	23	0	3	0	26
?	20	3	2	0	25
?	10	1	1	0	12
?	8	0	2	0	10
?	19	1	3	1	24
?	4	1	2	0	7
?	4	1	3	0	8
?	0	1	3	0	4
?	1	0	5	0	6
?	1	0	3	1	5
?	8	0	5	6	19
Total	136	15	45	10	206

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Recent incidents

- Mainly due to increasing use of purine analogues
- Transplants
- Multiple Sclerosis study
- We are dependent on somebody telling us

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Good ideas

- Link to pharmacy for implicated drugs
 - But some drugs are ward stock items
- Use incident reporting systems and report to SHOT/SABRE
 - But we still encounter resistance from clinicians
- Why? – low incidence of TAGvHD



Does the need for irradiation remain?

- No reported cases since leucocyte depletion
- How to obtain evidence?
- Controlled trial????



SHOT 2011

- 77 cases – special requirements not met
- 17 required CMV negative components
- 59 required irradiated components
- 30 treated with purine analogues



What needs to be done?

- Cards for patients – irradiated/antibodies/CMV
- Educate the patients
- Handover in clinical areas
- GPs to be aware and include in referrals
- Protocols in hospitals
- Educate junior doctors



• Questions?

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