

LoPAG

Platelet Champions Newsletter

Edition 7 – Summer 2017



Dear Platelet Champion, Welcome to the 7th LoPAG newsletter. I would like to say a big thankyou to all of those who attended our Platelet Champions' day in November 2016. The theme for the day was celebrating successes. We had some superb speakers and it was really encouraging to see so many of our platelet champions getting involved in our workshop discussions and sharing experiences.

As you can see from the Platelet issues by RTC graph, the London RTC has considerably more platelets issued to it hospitals than any other region, however for the first time in many years we have started to see a decline in the number of units issued. This is fantastic news, and hopefully a reflection of the hard work invested by our platelet champions.

Our LoPAG Top Tip for this edition relates to the NBTC Indication codes for transfusion. The updated codes were published in September 2016 to reflect the BSH Guidelines for platelet use (also updated in 2016). The indication codes can be used as a guide to assist with appropriate requesting and use of products, and can be a useful tool for audit purposes.

Please get in touch if you have any experiences you would like to share with your fellow champions. I look forward to working with all of you as we endeavour to highlight the issues with meeting platelet demand and promote appropriate use of platelet transfusion.

Sarah Clark – Chair of LoPAG

Jan 2017 - Platelet Issues

National Platelet Issues - 21458

Regional Platelet Issues - 5862

Feb 2017 - Platelet Issues

National Platelet Issues - 20180

Regional Platelet Issues - 5584

Mar 2017 - Platelet Issues

National Platelet Issues - 22497

Regional Platelet Issues - 6043

Apr 2017 - Platelet Issues

National Platelet Issues - 20782

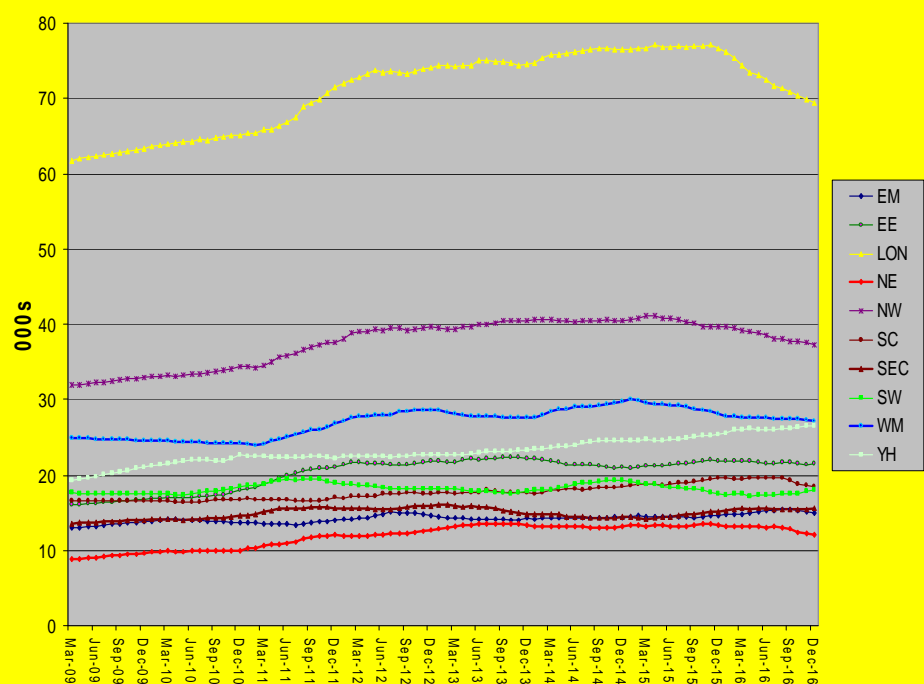
Regional Platelet Issues - 5629

May 2017 - Platelet Issues

National Platelet Issues - 22528

Regional Platelet Issues - 6267

Platelet Issues by RTC



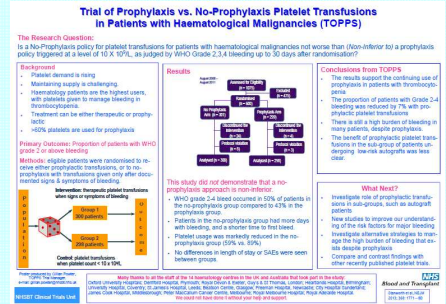
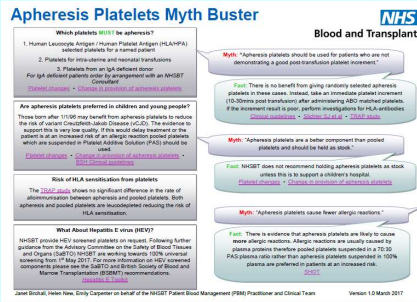
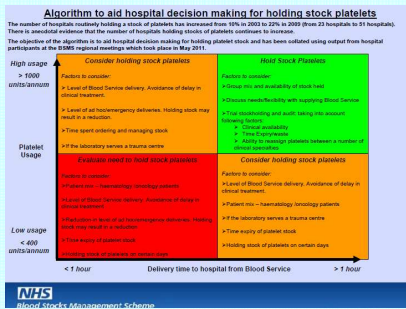
National Platelet Resources available at: <http://hospital.blood.co.uk/>

LoPAG Top Tips to reduce platelet usage and wastage NUMBER 7

Introduce the National Blood Transfusion Committee Indication Codes for platelets so that any requests outside the accepted criteria can be reviewed if appropriate.

This could be done to empower the BMS staff or used as a way of deciding when to get the haematology medical staff to intervene.

NHSBT Platelet Resources



Nursing Practice Review: Blood Transfusions

Key points:

- The main indications for platelet transfusion.
- Current practice in the UK for platelet transfusion.
- Practical tips and strategies to avoid wasting platelets.

Strategies to reduce inappropriate use of platelet transfusions

Key points:

- Platelet transfusion is a blood product.
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Will I need a platelet transfusion?

Information for Healthcare Professionals

Human Leucocyte Antigen (HLA) Matched Platelets

Information for Healthcare Professionals

Q. Why is a platelet count required after every HLA matched platelet transfusion?

A. To check that the platelet transfusion has been effective and to optimise future matches.

Note: A platelet count to determine increment can be obtained ten minutes after completion of the transfusion.

Informing NHS Blood and Transplant (NHSBT) of the patient's platelet count in this way helps ensure that the most effective platelets are selected for subsequent transfusions.

Reason ensure that a NHSBT Selected Platelets Follow-Up Form is completed and returned to NHSBT after each HLA matched platelet transfusion.

Failure to inform the patient's response to HLA matched platelets compromises patient care with potentially inappropriate transfusions.

For more information please contact your local Transfusion Practitioner or Transfusion Laboratory Manager.

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Acute Transfusion Reactions (Allergic, Hypotensive and Severe Allergic) (ATR) n=296

Authors: Janet Denison, Hazel Threlkeld and Rose Heggen

Definitions:

Acute transfusion reactions are defined as any reaction to any transfusion of blood or blood components occurring within 6 hours of the start of the transfusion. This includes allergic, febrile, hypotensive, and severe allergic reactions.

Key findings:

- Acute transfusion reactions are a common complication of transfusion.
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Platelets

Don't use two... ..when one will do

For prophylactic use in a 70kg adult, one adult therapeutic dose (ATD) typically gives an immediate rise in platelet count of 20-40 x 10⁹/L.

Do not administer double dose platelets for prophylactic transfusions as this practice does not decrease the risk of bleeding.

Request and administer one unit/ATD, then reassess your patient. A platelet increment can be obtained 10 minutes after completion of the transfusion.

HLA/HPA Selected Platelets

Information for Healthcare Professionals

NHSBT requires at least 24 hours notice to provide HLA/HPA selected platelets for planned procedures.

- HLA/HPA selected platelets are a blood product.
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Appropriate use of Platelets across blood groups

Although current demand for platelets has recently reduced, requests for A, B and AB platelets remain high and the risk of shortage is increasing. This may be due to the fact that platelets are a blood product and are therefore in short supply.

There is a number of evidence of platelet mismatches such as an increase in transfusion reactions and a reduction in the volume of transfused platelets.

The use of platelets of a different group should be limited to patients where the blood group is unknown, where specific requirements are met or where the patient is a minor.

When using platelets of a different group, the patient's blood group should be checked.

For more information please contact your local Transfusion Practitioner or Transfusion Laboratory Manager.

Plus more available from

<http://hospital.blood.co.uk/patient-services/patient-blood-management/platelet-resources/>

PBM Practitioner Katy Cowan has recently published an article “Strategies to reduce inappropriate platelet transfusions” in The Nursing Times

<https://www.nursingtimes.net/clinical-archive/haematology/strategies-to-reduce-inappropriate-use-of-platelet-transfusions/7015206.article>

Your Case Studies

Next Issue (Summer 2017) – “Top Tip Number 8 – Double-dose platelets are not necessary in most prophylactic situations – ‘why use two when one will do?’”

The PLADO clinical trial (N Engl J Med 2010; 362:600-613) has shown that standard dose prophylactic platelets are just as effective as high dose prophylactic platelets.

Has this process been successfully implemented in your hospital? If so get in touch and we'll include your case study in the next edition of the newsletter.

Please send feedback and comments to Clare.Denison@nhsbt.nhs.uk