

# LoPAG

## Platelet Champions Newsletter

Edition 8 – Spring 2018



### Dear Platelet Champions,

Welcome to Edition 8 of the Platelet Champions News Letter and the first of 2018! The focus point of the edition is **Top Tip No: 8 – Double Dose Platelets are not necessary in most prophylactic situations – ‘why use two, when one will do?’**. As always, we are keen to hear and share success stories of how you and your teams have been successful implementing and driving these top tips in hospitals. Please send your success stories to us as edition 10 will be all about your successes.

As LoPAG has almost completed the Top Tips (two more editions to go), we will be getting ready to look at new ideas for future editions. Please let us know if there are any particular platelet interests that you would like to see covered as part of your newsletter.

I am also pleased to announce that the next Platelet Champions Day will be held on **Friday 12<sup>th</sup> October 2018**- please put the date in your diaries! This will be at NHSBT Tooting and will be free. Further information to follow!!

Finally I would like to take the opportunity to thank Sarah Clark for all her work over the last two years as the LoPAG Chair. As the new chair, I wish her all the best and I hope that we can continue supporting NHSBT to tackle the rising demand for platelets.

**Kelly Nwankiti – Chair of LoPAG**

### December 17 - Platelet Issues

National Platelet Issues - 21246

Regional Platelet Issues – 5397

### January 18 - Platelet Issues

National Platelet Issues - 21738

Regional Platelet Issues - 5648

### February 18- Platelet Issues

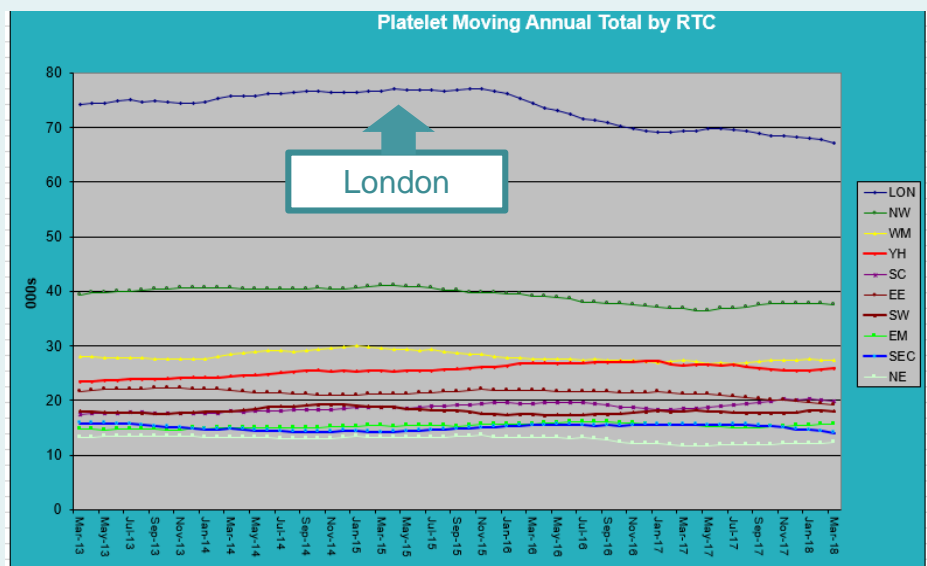
National Platelet Issues - 19675

Regional Platelet Issues - 5277

### March 18 - Platelet Issues

National Platelet Issues - 21036

Regional Platelet Issues - 5436



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

### LoPAG

### Top Tips to reduce platelet usage and wastage

### 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.*

## Single platelet transfusions – A Case Study



A patient known to have HLA and HPA antibodies who was refractory to matched platelet transfusions was due to go for a PICC line insertion with a platelet count of  $4 \times 10^9/L$ . The interventional radiology team had requested a platelet count of  $20 \times 10^9/L$  but this was virtually impossible for the patient as they were not incrementing. The interventional radiology team requested that the patient have platelet cover for the procedure and asked for two platelets.

After discussions with the haematology team and the Patient Blood Manager, as the patient had not been bleeding and was stable with a platelet count of  $4 \times 10^9/L$ , a decision was made to give the patient one unit of platelets to cover the procedure.

There was no reported bleeding in the patient during the procedure and none reported in the 48 hours after. This resulted in a document being created that encouraged the *minimum* amount of platelets to be given to patients in prophylaxis to cover the insertion of central lines, when the platelet count is less than  $10 \times 10^9/L$ .

Previously, patients were being given up to three bags of platelets to insert simple central lines in the interventional radiology department.

The idea is that as most interventional radiology procedures use imagery guidance, this reduces the incidence of bleeding versus blind insertion of lines. Working closely with IR team contributed significantly to the reduction of platelet use at Kings College Hospital.

**Transfusion Practice Team – Kings College Hospital**

## Top Tips for Reducing Platelet Wastage

- Consider sharing platelets within your trust or joint sites
- Rotate stock to ensure short dated stock is used first
- If necessary use platelets across ABO groups\*
- Consider changing or introducing dereservation periods
- Monitor wastage – use the Blood Stocks Management Scheme (VANESA)

**\*ABO compatible should be used where possible and the HT status confirmed negative is ABO incompatible**

## Your Case Studies for the Next Edition

**We want to hear from you!!**

**Review the timeliness of platelet counts or other tests used to inform the decision to prescribe platelets.**

*Often platelet orders are made in anticipation of a low platelet count and sometimes platelets are transfused before the count is available. Where possible use of point of care testing and rapid turnaround of laboratory tests to support active clinical decision making.*

**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 [Sasha.Wilson@nhsbt.nhs.uk](mailto:Sasha.Wilson@nhsbt.nhs.uk)**