‘When the Transfusion Practitioner gets involved’

Vicki Davidson
Transfusion Practitioner
The James Cook University Hospital
The Transfusion Practitioner (TP)

- Patient safety
- Education, Training and Competency
- Legislation, standards, guidelines and audit
- Systematic review of practice
- Blood stocks management and conservation
- Blood transfusion management (BBT,HSC,RCN,SHOT)
‘Detective’?
A Case History

- Phone call from lab
- Paperwork reviewed by TP
  - Details from ward and lab
- TP visits ward area
  - Reviews patient
  - Reviews medical notes
  - Speaks with medical/nursing staff
  - ’Collecting evidence’
- 69 year old male
- Lymphoma
- Undergoing lymph (groin) biopsy
- PLTs 30
- Patient receiving platelet transfusion and 20ml local Bupivicaine injection
- Sudden collapse
- Dyspnoea - oxygen saturations 70% (no other monitoring) required bag/mask ventilation
- No wheeze, no rash
- Responded to treatment with salbutamol/chlorpheniramine
- Has the patient recovered?
- What samples/tests are required?
- Do we suspect a transfusion reaction?
- Associated products?
- Reporting – local, SHOT/SABRE
- Was this platelet transfusion appropriate?
- RCA
- Lessons learnt/training
Has the patient recovered?

YES!
What tests/samples are required?

- Immediate check of patient ID, blood pack labels and prescription
- Repeat group/crossmatch
- DAT- Positive (pre and post)
- Microbiology
Do we suspect a transfusion reaction?

• It’s possible!

**Bottom line**

The patient suffered an adverse reaction during transfusion of a blood component (platelets)
Associated products?

- Apheresis platelets
- NHSBT notified, opinion of duty consultant is that bacterial contamination highly unlikely (bacterial testing)
- Associated products recalled where possible
Reporting

- DATIX (local reporting)
- MHRA/SHOT – imputability level=1 (Possible-When the evidence is clearly in favour of attributing the adverse reaction to causes other than the blood or blood components)
- Consultant in charge of patient’s care
• Reporting to SHOT remains voluntary, but is required for compliance with HSC/2002/009 ‘Better Blood Transfusion’

• Active participation in the SHOT scheme by all hospitals was recommended by the CMO for England in 2003

• MHRA recommends that you allow SHOT to have access to your report
Was this platelet transfusion appropriate?

Prophylaxis for surgery
There is a lack of evidence to guide therapeutic decisions regarding platelet transfusion to cover surgical procedures

Recommendation
Bone marrow aspiration and biopsy may be performed in patients with severe thrombocytopenia without platelet support, providing that adequate surface pressure is applied

BCSH guidelines 2003
Lessons learnt

- D/W SHOT clinician- this incident remains in SHOT report to highlight difficulties of reporting when concurrent treatments occur with transfusions
- Training/ treatment advice remains unchanged
- Summary letter sent to consultant for filing in patient records
The Transfusion Practitioner (TP)

- Patient safety
- Education, Training and Competency
- Legislation, standards, guidelines and audit
- Systematic review of practice
- Blood stocks management and conservation
- Blood transfusion management (BBT,HSC,RCN,SHOT)