

-Platelets-

‘When the Transfusion Practitioner gets involved’



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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 Bupivacaine 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

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