



*Blood and Transplant*

# Scenarios

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# Scenarios

Consider the issues in the situation described

- What are the failings / Points of poor practice?
- What are the possible consequences – for the patient / for the lab?
- What actions can be taken to resolve the situation?

# Scenario 1

An 'urgent' request for 1 unit of red cells has been received from MAU; however the sample tube is missing the patient's date of birth and under your trust's 'zero tolerance policy, cannot be accepted.

MAU are informed that they need to re-bleed the patient and correctly label the tube.

A senior medic rings up, demanding that the original sample is processed and saying that someone will come down and fill in the missing information if that is what it takes

## Scenario 2

A major haemorrhage protocol has been triggered for a male patient admitted to the ED and a sample is received. However, a second sample is required as there is no historical group.

The ED staff are refusing to take a second sample as the first one was all done correctly.

## Scenario 3

A request has been received into the transfusion laboratory for 2 units of FFP for reversal of anticoagulant (not specified) in a 75kg man. The request does not state if he is actively bleeding

## Scenario 4

A porter arrives at the transfusion laboratory to collect both of the 2 units of red cells requested for a 50kg 77year old woman who is symptomatic of anaemia with a Hb of 95g/l

## Scenario 5

A senior medic is insisting on 2 units (ATDs) of platelets to give to a patient with bone marrow failure with a platelet count of 30 prior to them having a central line inserted.

## Scenario 6

A major haemorrhage protocol has been triggered for a patient believed to have been born after 01.01.96. You only have standard (UK sourced) FFP available to issue