Audit Proforma for Obstetric Transfusions

**Hospital Name**

**Audit Number:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Lab Results (if available):** | | **Hb** | | **MCV** | | **MCH** | |
| **Booking** (Hb < 110g/l) | |  | |  | |  | |
| **28wk** (Hb < 105g/l) | |  | |  | |  | |
| **Pre Delivery** (Hb < 105g/l) | |  | |  | |  | |
| **Pre Transfusion** | |  | |  | |  | |
| **Post Transfusion** | |  | |  | |  | |
|  | | | | | | | |
| **Iron:** | | | | | | | |
| **Oral Iron prescribed** | | **Yes** | | **No** | | **Unknown** | |
| **If yes when** | | **Booking** | | **28wk** | | **Post Delivery** | |
|  | |  | |  | |  | |
| **IV Iron transfused** | | **Yes** | | **No** | | **Unknown** | |
| **If yes when** | | **Booking** | | **28wk** | | **Post Delivery** | |
|  | | | | | | | |
| **Consent:** | | | | | | | |
| **Full Documentation in Medical Notes** | | **Yes** | | **No** | | **NA** | |
| **Documented on care pathway/prescription chart** | | **Yes** | | **No** | | **NA** | |
| **Transfusion consent form present** | | **Yes** | | **No** | | **NA** | |
|  | | | | | | | |
| **Documented Reason for Transfusion:** | | | | | | | |
| **SOB** |  | **Tachycardia** |  | **Palpitations** |  | **Postural Hypertension** |  |
| **Feels Faint** |  | **Dizzy** |  | **Blood Loss** |  | **Low Hb** |  |
| **Other:** | | | | | | | |
|  | | | | | | | |
| **Transfusion:** | | | | | | | |
| **Single Unit Transfused?** | | **Yes** | | **No** | |  | |
| **If >1 how many were transfused?** | | **2** | | **3** | | **4** | |
| **Additional Comments:** | | | | | | | |
|  | | | | | | | |

**Audit Guidance**

Audit criteria are taken from the NICE Blood Transfusion [NG24] guideline, published in 2015 and include a transfusion trigger of 70g/L,  a post transfusion Hb of 70-90g/L range and the use of single units.

The anaemia guidelines for maternity are included in the Proforma for information.

**What transfusions to include?**

Transfusions of red cell during a MOH should not be included in this audit.

All non bleeding patients who are receiving a top up transfusion should be included.

This should **include** patients that are being topped up **post** APH/PPH.

Exactly when a top up begins is a difficult one, but as a guide if the transfusion occurred within the first 6 hours post PPH/MOH – they should also not be included

Any transfusion occurring after 6 hours post PPH/MOH should be included unless there is evidence that the woman is still bleeding.

**Completing the audit form**

Complete a form for each transfusion.

You should provide the information for each section.

**Lab results:**

Put all the valves that you are able to find.

If there is no pre delivery result or post transfusion result then state Unknown.

If the woman had a FBC a few weeks before delivery, that can be taken as pre delivery as it is nearer the delivery than 28 week bloods.

**Iron:**

If you are unable to find this information in the notes – or can not get the notes – then state Unknown.

**Consent**:

Each of us have a different way that consent is recorded. So if a care pathway or consent form is not present in your Trust – select NA.

For those that do have a care pathway or consent form, then you might select NA for full documentation in the medical notes

**Documented Reason**:

There is a selection of symptoms that might be used to decide if transfusion is needed. You need to tick those that were documented in the notes as being present at the time of the transfusion.

The other box is for those that are not listed

**Transfusion:**

To avoid confusion please state if a single unit was given, and the number if more than one was given.

The completed forms should be sent to xxx either via email or post, so that the analysis can be produced.