**Document 3.1**

# The Authorisation of Blood Components (Questions Only)

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| **Q1: People who have received a blood transfusion since 1980 are no longer permitted to be blood donors. Name the 3 main diseases that were retrospectively proven to be transfusion transmissible in this time frame.** |
| **A:** (3) |

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| **Q2: List 4 advantages of using Autologous Transfusions** |
| **A:** (4) |

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| **Q3: What is the normal life span of a red blood cell.** |
| **A:** (1) |

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| **Q4: When the oxygen dissociation curve moves to the right is the efficiency of oxygen release increased or decreased?** |
| **A** (1) |

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| **Q5 Other than the patient's existing haematology condition what other conditions could cause a fall in Hb.** |
| **A:** (4) |

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| **Q6: Describe the symptoms of chronic anaemia** |
| **A:** (4) |

| **Q7: When transfusing red cells there is a maximum time in which the blood has to be transfused once removed from storage, what is this time? Does your answer allow time for transportation from storage and bedside checking?** |
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| **A:**<br><br>*(1)* |

| **Q8: Give two examples of potential long-term complications of transfusion.** |
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| **A:**<br><br>*(2)* |

| **Q9: What might you see clinically in a case of TRALI?** |
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| **A:**<br><br>(4) |

| **Q10: List 2 conditions where platelets can be contraindicated.** |
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| **A:**<br><br>(2) |

| **Q11: How quickly can platelets be made available for transfusion in your Trust?** |
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| **A:**<br><br>(1) |

**Q12: Complete the following table:** (5)

| Condition | Transfusion threshold or target platelet count |
|---|---|
| Acute leukaemia | |
| Acute promyelocytic leukaemia | |
| Haemopoietic stem cell transplantation in acute leukaemia | |
| Chronic stable thrombocytopenia | |

**Q13: What other signs and symptoms of an AHTR might you see?**

**A:**

(10)

**Q14: How would you manage a patient with an AHTR?**

**A:**

(5)

**Q15: Why are you more likely to get a bacterial contamination reaction with platelets rather than red cells?**

**A:**

(1)

**Q16: Prior to transfusion patients should be assessed for their risk of TACO. List 4 clinical signs and symptoms of fluid overload.**

**A:**

(4)

| **Q17: What group of patients are particularly at risk of TACO and how would you reduce the risk?** |
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| **A:**<br><br>(5) |

| **Q18: How would you manage a patient having a mild allergic reaction?** |
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| **A:**<br><br>(4) |

| **Q19: How would you manage a patient having a FNHTR?** |
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| **A:**<br><br>(2) |

| **Q20: List 6 situations where adult patients require irradiated blood components.** |
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| A:<br><br>(6) |

Result /70