

When to Challenge Your Role?

BMS Education Day – Transfusion Reactions, Nov
2017

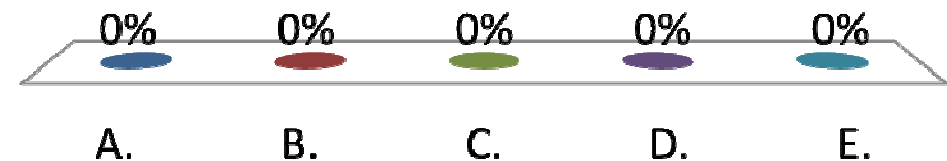
Dr Fiona Regan
Consultant Haematologist, RCI & Imperial
Healthcare NHS Trust

Question 1

- Lab receives a transfusion reaction form, samples & unit of blood
- Ask for DAT, Ab screen & bacterial culture of unit
- 54 yr old male was 20 mins into a red cell unit:
 - Fever; HR up from 70-90/min; BP normal;
 - Urticarial rash appears on arms & legs;

Question 1 - Would you?

- A. Do all the tests (DAT, Ab screen, bacterial culture of unit)
- B. Do the DAT + G&S, then refer to Haem StR / Cons/TP before further tests
- C. Contact Haem StR / Cons/TP to decide which tests
- D. Don't test DAT, Ab screen or bacterial culture of unit, as clearly an allergic reaction
- E. Do all the tests they asked for & add "TRALI investigations & mast cell tryptase"

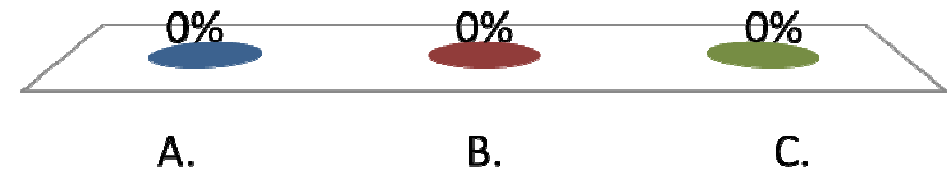


Question 2

- Lab receives a transfusion reaction form, samples & unit of platelets
- Ask for DAT, Ab screen & bacterial culture of unit
- A 62 yr old woman was 10 mins into platelet Tx:
 - Fever & rigors
 - HR, BP & RR were all normal

Question 2 - Would you?

- A. Do all the tests (DAT, Ab screen, bacterial culture of unit)
- B. Do the DAT + G&S, then refer to Haem StR / Cons/TP before further tests
- C. Contact Haem StR / Cons/TP to decide which tests

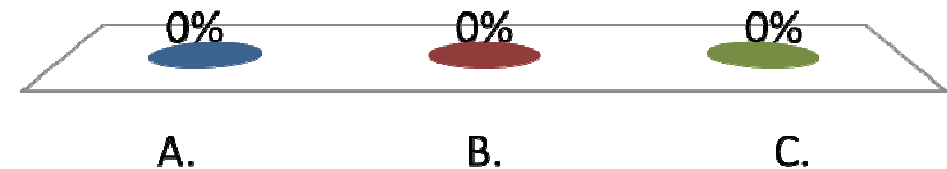


Question 3

- Lab receives a transfusion reaction form, EDTA samples & unit of blood.....
- Saying “fever”. No other information. No specific tests are requested.

Question 3 - Would you?

- A. Phone sender for more information
eg: clinical details,
obs etc
- B. Contact Haem StR /
Cons/TP to contact
them
- C. Phone NHSBT and
ask what to do?



Question 4

- Renal Unit phone the Lab saying “26 yr old female patient had transfusion reaction to FFP during the 6th unit of plasma exchange”. They want cryoprecipitate instead!

Question 4 - Would you?

- A. Give cryoppt instead
- B. Ask if rash etc suggesting allergic reaction, & if so, give cryoppt, as less likely to recur
- C. Never mind what sort of reaction it is, give Octaplas instead, as fewer reactions & note on LIMS
- D. If no features of allergic reaction – refer to Haem StR / Cons/TP, to diagnose type of reaction, before decide what to give



Question 5

- MH call from A&E: 1 sample received in Lab 15 mins ago – shows A+. Pt is 65 yr old male, now peri-arrest.
- BMS on phone to A&E, saying “only 1 sample, never seen patient before – need a 2nd sample before can issue blood, FFP & platelets”.
- Further discussion ensues and BMS asks you to speak to A&E. What would you say?

Question 5 – What would you say?

- A. Correct, send ASAP
- B. X-matched blood will take ½ hr, & it's a clinical decision that **you** have to make, to override that – we can't make that decision
- C. True, but if need blood now, before we can get 2nd sample, you can have O- (or O+) blood, A+ FFP (and platelets....) now.
- D. You should have sent 2 samples in the 1st place.



- **Formula 1:**

- To finish first, first you have to finish!

- **Major Haemorrhage equivalent:**

- To have a transfusion reaction, first you have to be alive!

**Question 6 - Request for 6 units of red cells
ASAP – which one of the following would you
issue 6 units straightaway for?**

- A. 55 yr old male with GI haemorrhage in past 10 mins in A&E, peri-arrest
- B. 27 yr old with ectopic pregnancy in A&E, Hb 80 g/L
- C. 87 yr old male in A&E with Hb 45 g/L, MCV 120, mild symptoms of anaemia (no bleeding or haemolysis)
- D. 60 yr old female with known AIHA, in A&E with SOB & dizziness, Hb 49 g/L & marked haemoglobinuria



Question 7

44 yr old female transferred to your hospital after a liver transplant. Not known before. 2 units of red cells requested within 6 hrs, as Hb 77 g/L; clinically stable enough to wait that time.

Question 7 – Would you?

- A. Issue 2 units of A+ by EI
- B. Issue 2 units of A+ by full cross-match
- C. Do a DAT first
- D. Check SP-ICE
- E. Ask for further info, directly / via StR (say what info)

