

When to Challenge Requests!

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munohaematology)

Caring Expert Qu

might a request be for?

Blood and Tra

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Blood and Tra

products

d cell units – normal, frozen, washed, irradiated

platelets – apheresis, in additive solution, washed, HLA or HPA selected

plasma – FFP, Methylene Blue, Octaplas, Cryo

granulocytes – apheresis, buffy coats, pooled buffy coats

plasma derivatives – Human albumin solution, Clotting factor

concentrates, Immunoglobulin solutions



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Blood and Tra

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laboratory investigations



Challenge requests?

Blood and Tra

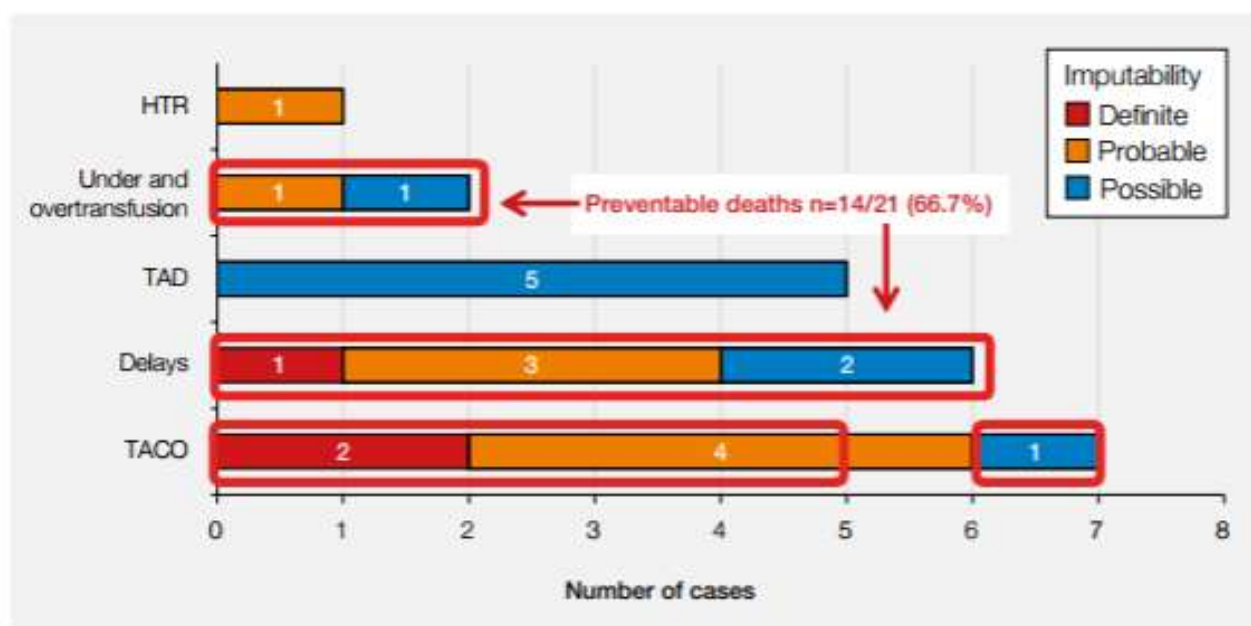
Challenge requests?

Blood and Tra

safety and Appropriate use

The safest transfusion is one the patient never receives; prevent mistakes

prevent waste, deviation from guidance/license



HTR=haemolytic transfusion reaction; TAD=transfusion-associated dyspnoea; TACO=transfusion-associated circulatory overload

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n=2

Challenge requests?

Blood and Tra

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potential shortage

Category 1	Category 2	Category 3
Active major bleeding	Cancer surgery (palliative) Urgent but not emergency surgery	Elective surgery, likely to require Tx
Emergency surgery	Not life threatening anaemia	
Life threatening anaemia		

Challenge requests?

Blood and Tra

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cost



Challenge requests?

Blood and Tra

safety and Appropriate use

The safest transfusion is on the patient never receives; prevent mistakes

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REMEMBER!

Give the right blood component(s), to the right patient at the right time

enge may be unwelcome...

Blood and Tra

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Blood and Tra

elay treatment – emergency, theatre



enge may be unwelcome...

elay treatment – emergency, theatre
consistent advice

Blood and Tra



...challenge may be unwelcome...

...delay treatment – emergency, theatre
...consistent advice

...perception of different priorities

...Patient care Vs Financial imperatives

...Treatment Vs adverse effects

Blood and Tra



PRIORITY



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petition

Task; clinical information



Blood and Tra



Repetition
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requester is not empowered



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Task; clinical information

requester is not empowered

requester isn't used to being challenged



n to challenge requests?

Blood and Tra

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Blood and Tra

Consider challenging requests when for:

- Elective or prophylactic use
- High cost products
- Off-license, or where specific guidance contradicts



When to challenge requests?

Blood and Tra

Consider challenging requests when for:

- Elective or prophylactic use
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Don't challenge when there is:

- Acute haemorrhage (for RBCs)
even if you haven't had an up-to-date crossmatch
etc.
- Requests for immediate O-(+)
- When a delay in supply will further impact the patient
(e.g. delaying critical procedures)

ample

Blood and Tra

e – operative

Patients Hb is 90g/L

3 units RBCs ordered

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Blood and Tra

e – operative

Patients Hb is 90g/L

3 units RBCs ordered

Best managed with iron/EPO, is still low at surgery – TX acid (unless contraindicated)

neutropenia

- Patient is undergoing chemotherapy, neutrophil count is $0.2 \times 10^9/L$, Patient has a bacterial infection
- Granulocyte order

neutropenia

- Patient is undergoing chemotherapy, neutrophil count is $0.2 \times 10^9/L$, Patient has a bacterial infection
- Granulocyte order
- Best managed first with antibiotics

low platelet count

- Patient has recoverable bone marrow failure, neutropenic sepsis, antibiotics not been effective, granulocytes have been administered, platelet count before granulocyte transfusion was $10 \times 10^9/L$
- Platelets ordered

low platelet count

- Patient has recoverable bone marrow failure, neutropenic sepsis, antibiotics not been effective, granulocytes have been administered, platelet count before granulocyte transfusion was $10 \times 10^9/L$
- Platelets ordered
- Granulocyte transfusions contain ~2 units platelets

ample

Blood and Tra

low platelet count

- Patient is due to undergo lumbar puncture
- Platelet count is $50 \times 10^9/L$
- 1 unit platelet ordered

low platelet count

- Patient is due to undergo lumbar puncture
- Platelet count is $50 \times 10^9/L$
- 1 unit platelet ordered
- Procedure can be undertaken $\geq 40 \times 10^9/L$

ample

Blood and Tra

Anti-D Flow Cytometry

- Long term inpatient - AML
- Historic group O pos
- On grouping, ?? D group
- Patient is male
- Investigation by flow cytometry ordered

ample

Blood and Tra

Anti-D Flow Cytometry

• Long term inpatient - AML

• Historic group O pos

• On grouping, ?? D group

• Patient is male

• Investigation by flow cytometry ordered

• Wouldn't investigate by flow cytometry, patient is historic D pos – would not be sensitised, patient is male and would not receive anti-D prophylaxis

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Blood and Tra

discuss unclear requests

avoid issuing inappropriate products to prevent harm

identify patterns of requesting that fall outside guidelines to improve
future requesting and supply

longer-term feeding back to requesters

via the online requesting system (if applicable) - automatic

hospital transfusion committee

summoning clinicians to account for their practice