Transfusion Handbook

4.6: Requests for transfusion

http://www.transfusionguidelines.org/transfusion-handbook/4-safe-transfusion-right-blood-right-patient-right-time-and-right-place/4-6-requests-for-transfusion

Please note the Transfusion Handbook has not been updated since 2014 and requires review. Guidance within the Handbook may therefore be out of date with other current guidelines.

Contact JPACOffice@nhsbt.nhs.uk for more information.

4.6: Requests for transfusion

Hospital policies should define which clinical staff are authorised to request blood and what training they need. Telephoned requests for blood components should be kept to an essential minimum because of the risk of transcription errors. Non-urgent ‘out of hours’ requests should be avoided wherever possible as SHOT data clearly show an increased risk of errors. Computerised physician order entry (CPOE) systems can reduce errors and provide useful guidance to the requesting clinician. Transfusion requests (whether written or electronic) should contain the following information:

- Minimum patient identifiers plus gender (which may be essential for component selection) – BCSH guidelines recommend that organisations have a ‘zero tolerance’ policy for amending or adding to the ‘core identifiers’ once a request is submitted.
- Diagnosis and any other clinically relevant information plus the reason for transfusion (not just ‘pre-op’ or ‘anaemia’) as this helps laboratory staff select appropriate components and facilitates audit. This may also be helped by the use of standardised indication codes for transfusion, such as those developed by the English National Blood Transfusion Committee
- Time, location and urgency of transfusion.
- Relevant information on previous reactions, blood group antibodies or pregnancies.
- Type and dose or volume of blood component required.
- Any special requirements (e.g. irradiated, CMV negative).