

NO BLOOD SORRY, BUT I CAN HELP YOU...

THE CLINICAL APPROACH FROM THE LAB, TO THE APPROPRIATE USE OF BLOOD

Donna Knight Associate Practitioner Transfusion Department

INTRODUCTION

- Concern over RC availability
- Challenges over financial restraints
- Various studies:
 - increased mortality & morbidity
- Chronic aneamia
- Transfusion practice changing to try reduce blood usage



WHAT WE DO

- Lab based approach
- Pro active
- Team effort
 - Lab & Clinical
 - All grades
- Inappropriate transfusions
 - deficiency related aneamias



REQUESTS

• A component request is just that....



REQUESTS

A component request is just that.... a request!



REQUESTS

A component request is just that.... a request!

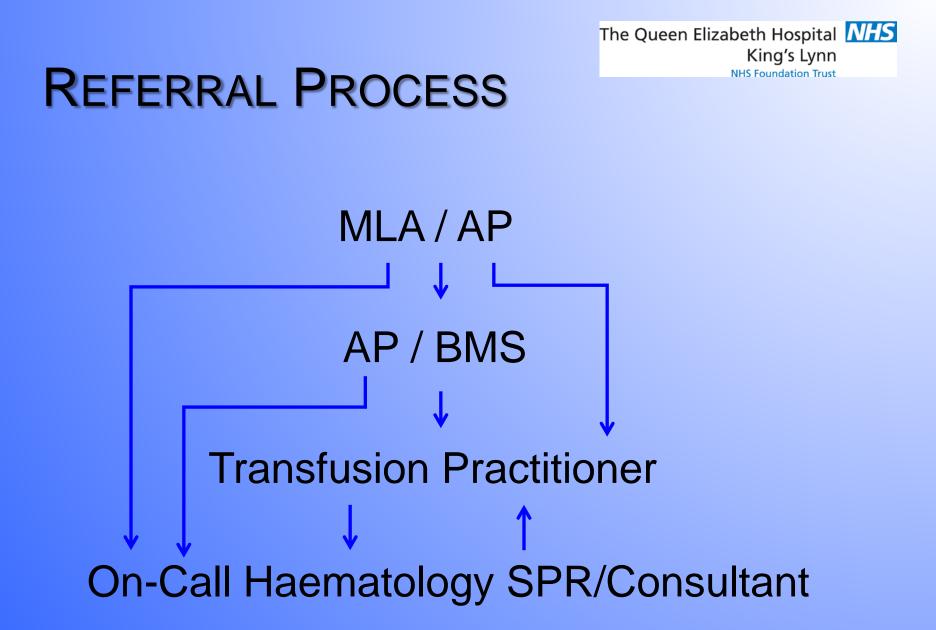
- Each one is assessed by lab staff
- Either honoured or referred

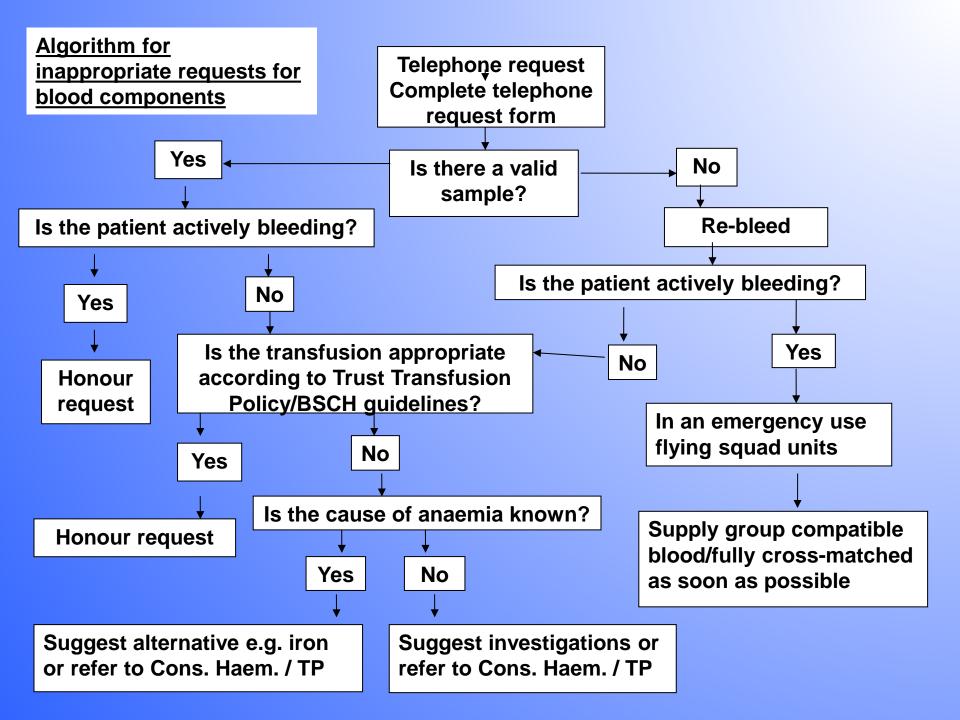


LAB TOOLS

- Algorithm for inappropriate requests
- Referral forms

- Staff empowerment
 - all grades, especially MLA's
- Support from clinical staff







FURTHER INFORMATION

- All checked on LIMS by lab staff
- Hb & MCV

(compared with historical FBC)

- Haematinics
- Symptoms
- Clinical details (Ca? CVD? Pre-op?)

| PATIENT INFORMATION | | | | | |
|--|-------------------------------|----------|-----------------------|--------------|--|
| Patient Name: | Hospital Number: | | Date of Birt | h: Ward: | |
| REQUEST INFORMATION | | | | | |
| Date & Time: | Name: | | Grade: | Bleep: | |
| Components: | | | | | |
| | Platelets FFP Cryoprecipitate | | | | |
| Details: e.g post / pre op, elective / emergency, known cancer, symptomatic, heart disease | | | | | |
| Relevant blood results: e.g Hb, MCV, PC, INR, Fib | | | | | |
| REFERRAL INFORMATION | | | | | |
| Referred By: | | Grade | Date & Time requestor | | |
| | | | spoken to: | | |
| Reason for referral: e.g. known / suspected deficiency | | | | | |
| Referred To: | | Grade: | Date | Date & Time: | |
| OUTCOME | | | | | |
| Additional testing r | | quested: | Suggested | | |
| Refused / Accepted / F | | | treatment: | | |
| Other comments: | | | | | |
| Date & time closed: | | | | | |

INITIAL FINDINGS

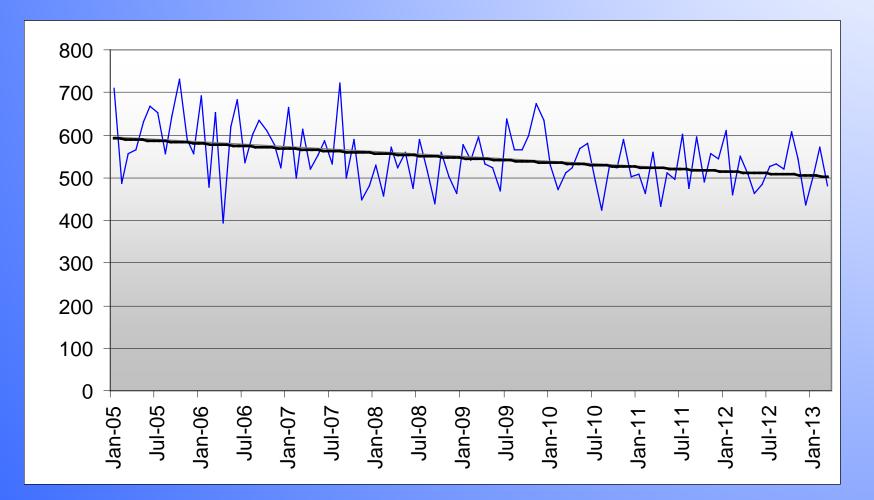
- Some reluctance
 - BMS (rotating staff of a 'certain age')
- Some offence taken
 - Clinicians (all grades)
- Reputation as 'Transfusion terriers'



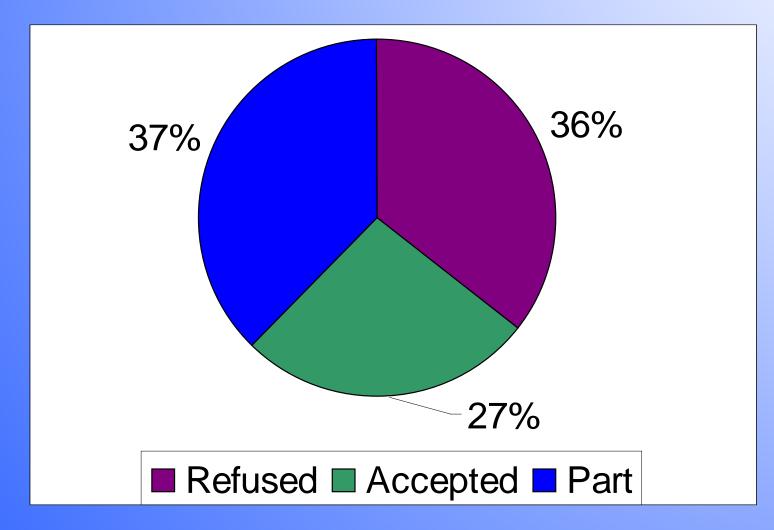
EMPOWERMENT

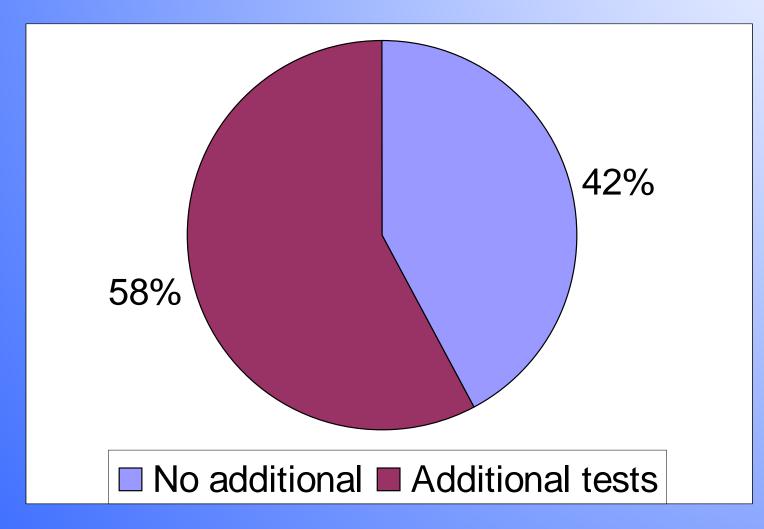
- Improved staff knowledge = greater confidence
- Lab staff aware of shared responsibility
- Limits are known
 - Transfusions never refused by lab staff
- Ensures best possible service is offered



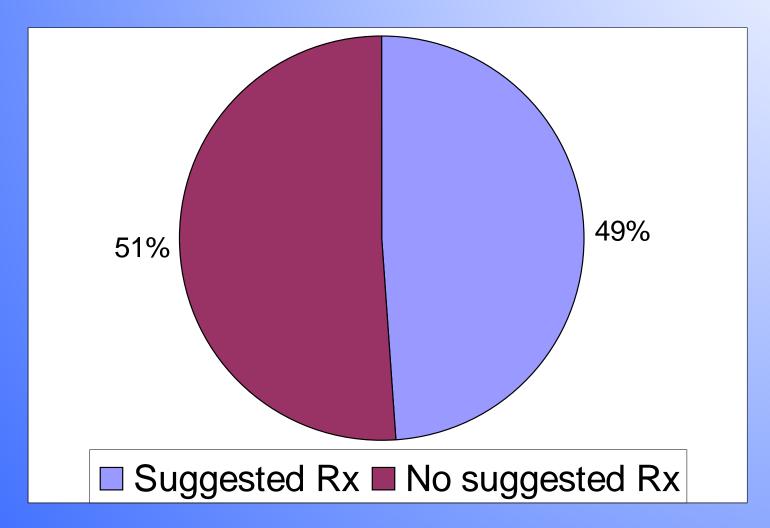


Data taken from https://bsms.blood.co.uk/BloodStocks/









RIPPLE EFFECT

- Eagerness is contagious
- Clinicians phone for advice
- Medical & Surgical directorates both working hard
 - developed own policies
- Some wards better than others
- Still room for improvement

CONCLUSION

- Pro active approach required
- Can have positive effect throughout hospital
- Needs haematology clinician support
- Changing attitude amongst clinicians
- Beneficial to junior clinical staff



Thank you