HTT Transfusion Bulletin

Issue 12 – May 2022

NHS Barnsley Hospital NHS Foundation Trust

PROUD to care

Monthly Wastage Figures (not including stock time expiry) April 2022

· Red Cells— **£ 583.96**
· Fresh Frozen Plasma —**£146.80**
· Platelets—**£222.94**
· Cryoprecipitate —**£0**

TOTAL = **£ 953.70**

Traceability Statistics

April 2022 **– blood components transfused**

- **95.08%** Blue Tags returned
- **4.92%** blood component transfusion traceability confirmed via Patient Notes

Overall Transfusion Confirmation = 100%

Please ensure that all blue traceability tags are fully completed and returned to the Blood Bank as soon as possible. This is a mandatory legal requirement!

Blood Transfusion Updates

Trust Approved Documents – Emergency Reversal of Anticoagulants

The new guidance for the Emergency Reversal of Anticoagulants is now live on TAD:

https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Management%20of%20Emergency%20Reversal%20of%20Oral%20Anticoagulants%20v3.pdf

Summary of changes:

Adenxanet alpha – Reversal of Apixaban/Rivaroxaban only for the use in LIFE-THREATENING GI Bleeds – Dispensed from Pharmacy

Praxbind – Reversal of Dabigatran – Dispensed from Pharmacy.

HTT Survey

We appreciate all staff across the trust are extremely busy and we thank staff who have already participated.

If you could take 2 minutes to answer the following questions, the team would be extremely grateful.

https://www.surveymonkey.co.uk/r/VMCCQGJ

Contact Numbers

Blood Bank – 2628

MH Activation – 6181 *ONLY*

Cons. Haem – via Switch Board

Haem Reg – 6115

Haematology Lab OOH – Bleep 205

Blood Transfusion Manager - 2061

Transfusion Practitioner – 2764

Trust Clinical Transfusion Collection Training Compliance

April 2022

Overall = 55%
Trust-wide Blood Collection Training

Target = 90%

Contact Bdg-tr.hospitaltransfusionteam@nhs.net to organise transfusion training

Transfusion Education Bites - Transfusion Reaction Protocol

Mild

- Isolated temperature ≥ 38°C **and** rise of 1-2°C and/or pruritus or rash but without other features

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- Continue transfusion (slow rate if required)
- Consider symptomatic treatment
- Increase observation frequency as for moderate reactions
- If resolves, document in notes **ONLY**
- If condition does not resolve or worsens, stop the transfusion and complete actions as per moderate reaction

Taken from Hospital Transfusion Guidelines:

https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Hospital%20Transfusio

Moderate

- Temperature ≥ 39°C **or** rise ≥2°C and/or
- Other symptoms/signs (with the exception of pruritus/rash only)

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STOP the transfusion

- Inform medical staff immediately
- Review underlying condition and transfusion history
- Increase observation frequency
- Complete form below, returning form, unit(s) & samples to the laboratory
- Complete DATIX clinical incident

During a blood transfusion – observations must be performed. Baseline observations must be performed prior to transfusion, then 15 minutes in to transfusion, 30 minutes and every hour until completion (up to 4 hours).

During this time, if any isolated temperatures or other symptoms: please call Blood Bank (ext. 2628) and seek advice. Any clinical advice should go through a Consultant.

If you would like any further information on Transfusion Reaction. Please get in touch with our Transfusion Practitioner's; Mark Liversidge and Julie Pozorski

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Learning Points from Incidents – Recognising Potential Acute Blood Transfusion Reaction

A patient was receiving a blood transfusion on a ward, post operatively following # NOF. Soon into the transfusion the patient developed chest pain and a rise in temperature. The Dr was informed and asked to review the patient. The patient was known to have a cardiac history, and had an episode of chest pain two days ago. At the request of the Dr, ECG and cardiac enzymes were obtained, both of which were NAD.

The blood transfusion had been slowed down slightly, but continued to be transfused. Observations were recorded again as per ICP, showing further increase in temperature in excess of 2°C from the start of the transfusion and chest pain persisted.

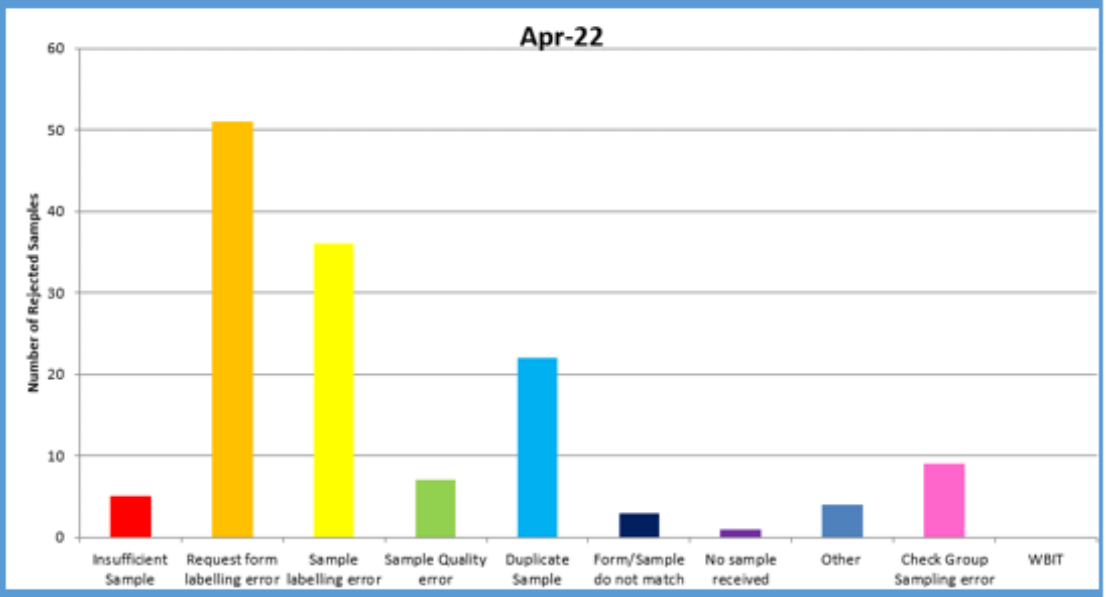
The Junior Dr liaised by telephone to the Med Reg, whom instructed the blood transfusion to be STOPPED! By which time the majority of the unit had transfused. The blood was disconnected and discarded in the sluice. Blood bank were informed after the event.

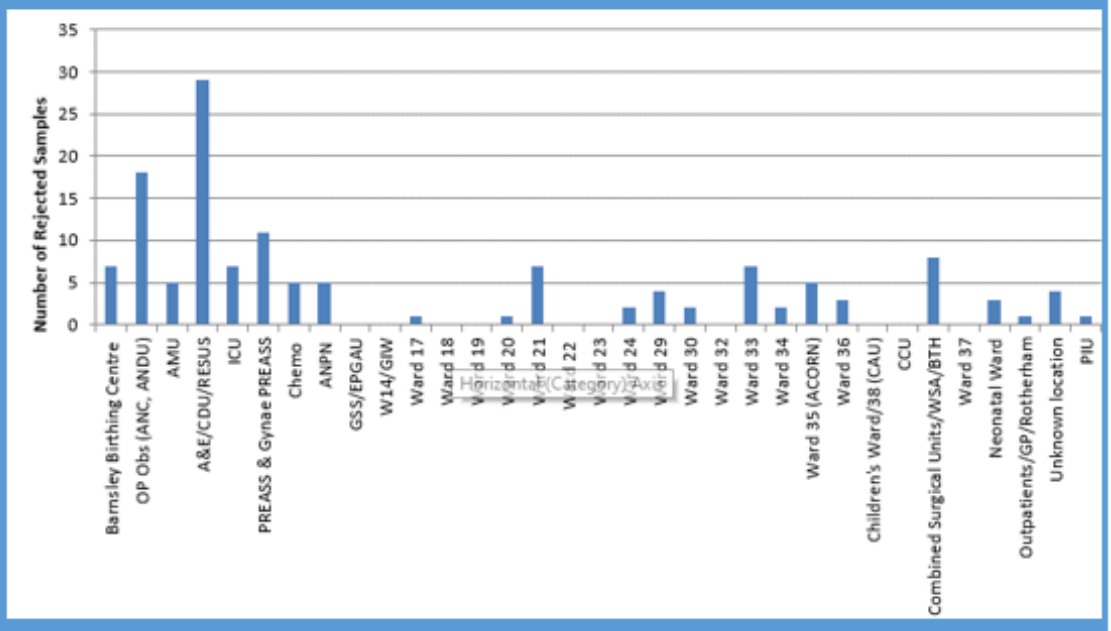
The blood had to be salvaged from the clinical areas sluice by the TP. We must save the spigoted bag of blood and return it to blood bank for them to conduct a blood transfusion reaction investigation.

Ideally in this case the Dr should have recognised much sooner the potential signs and symptoms of an acute transfusion reaction and stopped the transfusion immediately. Any adverse event must be reported in accordance with our Hospital policy.
We can all learn and refresh ourselves on the Blood Transfusion Hospital Policy, by visiting the intranet for all current guidelines. KEEP IT SAFE!!!

Transfusion Sample Acceptance Compliance – April Rejection Statistics

Analysis
The aim is to reduce sample labelling errors in conjunction with Trust education and training over the next 12 months. Patterns in rejected samples will be monitored and specific sample quality issues addressed with individual clinical areas.





Target – no clinical area should exceed a total of 30 rejected samples per month **or** exceed 20% of monthly rejections.