SHOT Serious Hazards of Transfusion

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Blood Transfusion

Training Requirements

Before getting involved in the blood transfusion process you <u>must</u> complete competencies and e-learning modules as appropriate to your role:

Competencies

- Blood Product Request
- Blood Component Administration
- Blood Sampling Pre-Transfusion

Contact your Clinical Supervisor or Clinical Educator to arrange assessment. Competencies are available on the Blood Transfusion page of the Intranet.

E-learning
Please complete all Trust mandated, NHS Blood and Transplant eLearning relevant to your position. These can be found under **Blood Transfusion** on the Trust's eLearning page.
You should complete the following modules;

- **Essential Transfusion Practice**
- **Consent**
- **Blood Components**
- **Transfusion Reactions**

For those working in Obstetrics and Gynaecology, **Use of Anti-D Immunoglobulin in Pregnancy** should also be completed.

Transfusion Sample Requirements

To allow provision of blood or blood products for your patient we must have received at least 2 Blood Transfusion samples in the laboratory. This is to confirm your patient's blood group and reduce the risk of Wrong Blood in Tube which can lead to an ABO incompatible transfusion – a Department of Health 'Never Event', and potentially fatal incident. **One of the samples must be current to allow product issue, the other may be historic.**

To determine if you need to obtain 1 or 2 samples from your patient (or if the laboratory already has all the samples they need) you will need to check 'Bank Manager' (passwords available from Blood Safety).

Bank Manager access is via 'Applications' on the Trust Intranet.

There is a tutorial presentation on how to use Bank Manager available on the eLearning site under Blood Fridge Refresher Training.

Request Form Completion

The Blood Transfusion request form is easily identifiable by the yellow specimen bag attached. All sections of the form must be completed accurately, this medical document is kept for 30 years in event of transfusion reaction. **Full patient ID must be given on the form, including full name, date of birth and NHS number (only use hospital number if the patient DOES NOT have an NHS number).** Sex of patient should also be included; this is essential for provision of appropriate blood components.

Please indicate clinical details and complete the "Requested by" section fully. If this is left blank and you are no longer on site, the sample and request form will be rejected.

Indicate if blood products are required and follow this with a call to the laboratory.

Indication of special requirements is the responsibility of the requestor, any omission which impacts patient care will be raised as an incident. We also need to know if you patient is currently or has been pregnant in the last 3 months; and if they have been transfused in the last 3 months as they are at risk of developing antibodies.

Finally ensure the "Sample taken by" section is completed by the staff member who took the sample. This must include date and time of sample along with name and signature.

On the reverse of the request form are national blood transfusion indication codes. One of these codes must be included on the request form if you are requesting a blood component transfusion. If your request does not fit into any of these categories, you should question whether this transfusion is clinically necessary.

Sample Labelling

Samples received for Blood Transfusion **must** only ever be taken **one at a time** and must be **labelled at the patient bedside**. Samples **must** be **handwritten** and all boxes on the label must be completed.

Any errors, amendments or discrepancies between sample and request form will result in the sample being rejected and your patient will have to be re-bled. We operate a zero-tolerance approach to Blood Transfusion to protect patients from harm and delays to transfusion. A Datix will be completed if you have a sample that is rejected.

The basic zero-tolerance principles are below;

<u>Blood Transfusion request form</u>

- No 'PPing' names and signatures – form must be signed by a competent requestor who has completed the Blood Transfusion Request Competency and ideally the person authorising the blood.
- No amendments on the form including errors which are crossed out and initialled.
- Please complete ALL boxes on the request form.
- There MUST be a completed requestor of blood products and a completed taken by section – even if these two people are the same.
- You CAN use an addressograph label on the form only.
- Use the NHS number wherever possible and ensure this is matching on the sample tube.

<u>Blood Transfusion sample</u>

- Please complete ALL boxes on the sample tube, including signature.
- No amendments on the sample tube – the patient must be rebled and a new sample labelled again. We are unable to accept amendments or errors crossed out and initialled.
- Check your pen does not smudge to prevent illegible details.
- Use the NHS number wherever possible and ensure this matches the request form.
- Never use addressographs or prelabelled stickers.
- Sample tube must not expire within the next 30 days.

Key Points

Please ensure:

- The sample tube and the blood transfusion request form time and date match exactly.
- ALL boxes on the form and sample are filled in correctly and legible.
- You are labelling the sample from the patient's wristband and getting positive patient ID wherever possible.
- If the NHS number is used on the sample tube, you must use the NHS number on the request form – same with the hospital ID (NHS number is gold standard to use).

Please see the Blood Transfusion Policy (available on the Intranet) for further details.

Prescription/authorisation of blood products

At LTHTR we have two methods of prescribing. Most areas use electronic prescribing via Harris Flex.

For red cells prescriptions a TACO risk assessment must be completed within 30 mins of the prescription being completed. This risk assessment will allow you to identify risk of TACO in your patient and select appropriate mitigations against it. Please ensure all fields of the prescription are completed. Special requirements can be documented at the point of prescription. The TACO risk assessment is not applicable during major haemorrhage and can be bypassed at point of prescription, however this is heavily audited for inappropriate use.

Some areas do still use paper prescriptions, and this is also the method in use during Harris Flex downtime. These charts should be completed fully- please make sure all information is legible, and any special requirements are indicated.

Blood Fridges

Once all your E-learning and competencies are complete, you will be able to request blood components. The Trust has 3 remote issue blood fridges, this means you may not always have to call the laboratory. If your patient meets certain criteria, nursing staff will be able to collect and label compatible units from these fridges as and when it is required. The fridges are found in RPH main theatres, SGU delivery suite and CDH Lythgoe theatres.

Criteria to determine if your patient is suitable is found on Bank Manager and are.

- At least 2 group and save sample on record; one of these must be current.
- No antibodies or special requirements.
- Sample has been processed on an analyser in the laboratory and there has been no manual testing intervention.

If your patient is not suitable you will see a 'No Remote Issue' flag on the Bank Manager record. Always call the lab for clarification if you are unsure.

Bedside checklist

When the decision to transfuse is made a bedside checklist must be completed. This should be readily available on the ward and can be ordered via Oracle MS113. The nursing staff should complete the front of the checklist but there is a TACO risk assessment on the reverse that can be used during Harris Flex downtime.

Major Haemorrhage Protocol

The trust has a range of major haemorrhage protocols for different staff groups including adults, paediatrics, and obstetric patients. Please make yourself aware of the protocol if you are likely to be involved in the treatment of haemorrhage in your area. These can be found on Heritage.

Blood Conservation

Blood and its components are a precious resource, and it is not without risk, so promotion of alternatives to blood transfusion are essential. These include, iron replacement, fibrin sealants and cell salvage, all of which are available at the trust. We monitor blood product usage and wastage very closely and we regularly audit to ensure appropriate prescribing. The laboratory will refer any inappropriate requests to the Consultant Haematologist for authorisation.

Please refer to the Trust Patient Blood Management policy for further information.

Contact details

Blood Transfusion Lab RPH:

Between 8am-5pm: Ext 2605

Between 5pm-8am & weekends: Bleep 2703

Blood Transfusion Lab CDH:

Between 8am-5pm: Ext 5699

Between 5pm-8am & weekends: Bleep 5255

Consultant Haematologist on call is contacted via Switchboard.

Transfusion Practitioners:

Between 8am-4pm Mon-Fri: Ext 2951

Daisy.Alty@lthtr.nhs.uk

Katherine.Roberts@lthtr.nhs.uk

Blood safety team:

Between 8am-4pm Mon-Fri: Ext 3308