NHS Blood and Transplant

The Update
August 2017

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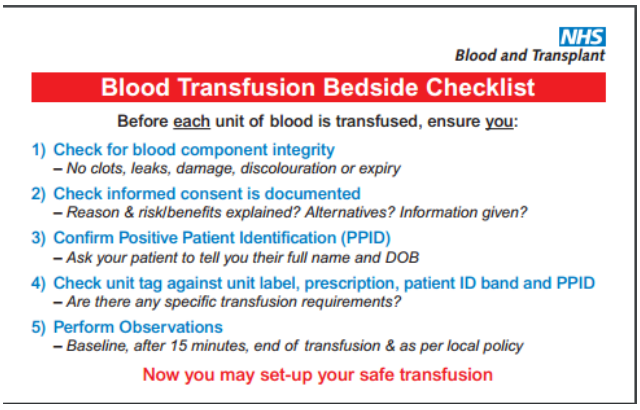
For Action

Get your free lanyard checklist and support SHOT's key recommendation 'bedside checklist must be used as a standard of care'

Following the release of the SHOT Annual Report 2016 and recommendation 1, a free checklist card is available from your local Patient Blood Management practitioner. Alternatively, you can download the checklist and insert in your lanyard.

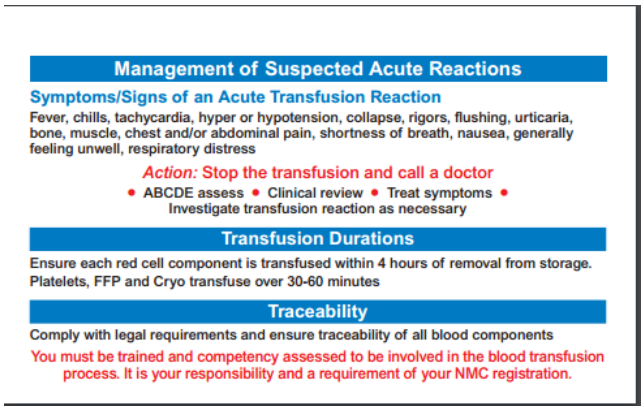

NHS Blood and Transplant

Blood Transfusion Bedside Checklist

Before each unit of blood is transfused, ensure you:

1) Check for blood component integrity
   – *No clots, leaks, damage, discolouration or expiry*
2) Check informed consent is documented
   – *Reason & risk/benefits explained? Alternatives? Information given?*
3) Confirm Positive Patient Identification (PPID)
   – *Ask your patient to tell you their full name and DOB*
4) Check unit tag against unit label, prescription, patient ID band and PPID
   – *Are there any specific transfusion requirements?*
5) Perform Observations
   – *Baseline, after 15 minutes, end of transfusion & as per local policy*

Now you may set-up your safe transfusion


Management of Suspected Acute Reactions

Symptoms/Signs of an Acute Transfusion Reaction

Fever, chills, tachycardia, hyper or hypotension, collapse, rigors, flushing, urticaria, bone, muscle, chest and/or abdominal pain, shortness of breath, nausea, generally feeling unwell, respiratory distress

Action: Stop the transfusion and call a doctor

• ABCDE assess • Clinical review • Treat symptoms •
Investigate transfusion reaction as necessary

Transfusion Durations

Ensure each red cell component is transfused within 4 hours of removal from storage.
Platelets, FFP and Cryo transfuse over 30-60 minutes

Traceability

Comply with legal requirements and ensure traceability of all blood components

You must be trained and competency assessed to be involved in the blood transfusion process. It is your responsibility and a requirement of your NMC registration.

Please use the checklist to prevent transfusion error and detect any errors made earlier.

Jayne Addison, PBM Practitioner

Supporting patients with sickle cell disease

Sickle cell disease (SCD) is a common inherited genetic disorder. There are an estimated 14,000 affected individuals living in the UK. Regular blood transfusion is one of the primary treatment regimes and is used in both emergency and elective situations. The requirement for blood for these patients is increasing. This pressure on blood supply is added to because:

1. Blood for patients with SCD should be Rh and K compatible (BSH Guidelines, Red Cell Transfusion in Sickle Cell Disease Part I, 2016) (http://www.b-s-h.org.uk/guidelines/guidelines/red-cell-transfusion-in-sickle-cell-disease-part-I/). The 2014 National Comparative Audit (NCA) (http://hospital.blood.co.uk/audits/national-comparative-audit/) showed that 67% of patients receiving transfusion for SCD are Ro and only 1.2% of the largely Caucasian donor population have the Ro phenotype. There are also increasing difficulties to match the antigen profile of the donor population to the needs of these patients.
2. BSH guidance recommends using blood that is 7 days old or less for red cell exchange and 14 days old or less for top-up transfusions. For automated red cell exchanges, adults may need 8 to 12 units every 6 to 8 weeks.

In 2014, the NCA audit noted that 50% of Ro HbS negative requests received by NHSBT were being substituted for other phenotype compatible units e.g. O rr for O Ro.

In 2014, NHSBT began a Ro Improvement Project. Since that time, demand for Ro red cells has increased two-fold, to over 4,000 units per month. During the same period, NHSBT has improved availability from an average of 975 units to approximately 1970 units per month.

The main initiatives of the Ro improvement project are:

1. **Increased marketing activity/publicity:** To meet Ro demand NHSBT needs 40,000 new Black donors i.e. 9% of new donors attending for three years, representing 2.9% of the Black population actively donating.
2. **Ro donor Identification:** Units from known Ro donors are labelled at donation and fast tracked through Manufacturing, ready for issue within 2 days of donation.
3. **Special Stock Location:** NHSBT has developed a special stock location for Ro units which assists the monitoring, search and identification of these units and any subsequent distribution that is required.
4. **Restricted Stock-Holding:** Ro units are only stocked at sites with the largest demand. Transport Systems have been established to distribute units from these Ro holding Centres, to those sites where the units are required, in time to meet the patient needs.
5. **Software Updates:** NHSBT has recently developed software changes enabling the Hospital Services staff to view Ro orders before the issue date and procedures are being established to manage these orders in good time.
6. **Awareness:** NHSBT has raised the profile of the needs of these patients to all staff involved in the supply chain encouraging them to understand their role in this.
7. **Substitution:** NHSBT has developed a substitution matrix (DAT2948) to ensure Ro donations are used appropriately and to minimise the demand on O D negative red cells:

Substitution	**O Ro (C-D+E-)**	**A Ro (C-D+E-)**	**B Ro (C-D+E-)**	**AB Ro (C-D+E-)**
1st	O rr (C-D-E-)	O Ro (C-D+E-)	O Ro (C-D+E-)	A Ro (C-D+E-)
2nd		A rr (C-D-E-)	B rr (C-D-E-)	O Ro (C-D+E-)
3rd		O rr (C-D-E-)	O rr (C-D-E-)	B Ro (C-D+E-)
4th				A rr (C-D-E-)
5th				AB rr (C-D-E-)
6th				B rr (C-D-E-)

7th				O rr (C-D-E-)

With NHSBT and hospitals working in partnership, we can help ensure that Ro units are available for patients when and where they are needed. We are setting up new processes to ensure we can view orders and source suitable units well in advance and request your assistance in the following areas:

1. Where possible, please place orders for Ro units 5 days in advance.
2. Please order Ro units for Ro patients so NHSBT has accurate demand data.
3. If an order for Ro, HbS negative units is no longer required, please delete the outstanding request on OBOS. NHSBT can return these units to stock and they will then be available for other SCD patients.
4. Please accept the Ro substitutions that take place, these are in accordance with the Substitution Matrix that has been introduced.
5. Please discuss any issues or suggestions regarding the Ro ordering process with your local Customer Services Manager.

Many thanks for your assistance in our work to improve the supply of Ro blood for patients with Sickle Cell Disease. We would also appreciate your help with recruitment of Black donors. It would be very helpful that if, where appropriate, hospitals could discuss the challenges faced with providing blood for this specific patient group and encourage relatives to become blood donors themselves.

Richard Whitmore- Customer Services Manager

Helen Mugridge- National Operations Modernisation Lead

For Information

New labels for Reagents

We are pleased to announce NHSBT Reagents are introducing new labels which will include:

- Our name, NHSBT Reagents
- Our address
- The universal international symbols

They will be printed in black and white.

This change will be implemented for products manufactured from 21 August 2017 and distributed week commencing 28 August. For longer dated products the old style labels may still exist up to August 2019.

Please note we will no longer be supplying outer pack labels for any products that are not part of a kit, for example, IgG coated cells, weak controls. Papainised products will still be

supplied with a pink background and all barcodes are the same format as the current labels.

Michelle Weston, Reagents Manager

Ordering patient information leaflets and educational resources 18 August to 4 September
The distribution hub will not be available for orders during this period, so please contact your Patient Blood Management practitioner who will fulfil your order. Alternatively, you may download the resources from our Education web page.

We apologise for any inconvenience this may cause.

Denise Watson, PBM Practitioner - Education

Blood pack validations
The contract with our current blood pack suppliers is due to end shortly and we are now undertaking the tender process for pack supply from May 2018.

Phase 1 validations are now completed and Phase 2 validation starts in September 2017. This second phase involves a larger volume of packs than phase 1 and they are more likely to be seen in most hospitals.

From September you may see blood packs, that are not from our current supplier, and have a slightly different appearance to those you normally see. The specification to which the blood packs are produced is extremely tight and the majority of the changes are minor and cosmetic.

However, there is a significant difference to FFP packs from one of the suppliers: they contain more air than you normally see. During phase 1 validations these packs were issued to a small number of hospitals who have confirmed there were no issues with them. Please ensure hospital staff are aware of this and inform us if you experience any problems with storage or use.

All packs currently in use for blood products may be affected by these validations and may appear at any UK hospitals.

If you have any queries concerning this project please contact your Hospital Service department or Customer Service Manager.

Jane Davies, Lead Specialist - MDT

Change to the Apheresis Platelet Myth Buster Poster
The HEV section has been replaced with a CMV section highlighting the indications for CMV.

Please see the amended poster.

Jayne Addison, PBM Practitioner

For Training
Our training events are open to hospitals and your attendance is welcomed. We look forward to meeting you.

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