

## London Platelet Action Group

Platelet issues from NHSBT are increasing and hospitals in London use more platelets than any other region.

The London RTT has decided that its **New Year Resolution** should be to try and reduce platelet usage and wastage across London hospitals by 10% in 2012. We want to do this by working together, helping to solve common problems and sharing strategies that have worked.

We would like each hospital to:

- **Nominate a member of their HTT to join the London Platelet Action Group.**

Please e-mail Sue Wood ([susan.wood@nhsbt.nhs.uk](mailto:susan.wood@nhsbt.nhs.uk)) with your nominee by the end of February 2012 and then all the literature and support materials can be directed to this local '**Platelet Champion**'.

- **Use the platelet issues and wastage data from the Blood Stocks Management Scheme.**

The London RTC will circulate quarterly data to enable an overview of platelet issues and wastage and to see whether any progress is being made.

London-based VANESSA training will be available so that the **Platelet Champion** can use local BSMS data to support local initiatives

The **London Platelet Action Group** will be a standing agenda item at RTC meetings to review progress with our New Year's resolution and to share successful strategies. For example prior to the October 2011 RTC meeting, hospitals with low wastage were telephoned by one of the Transfusion Liaison Practitioners to try and find out what had worked for them and some of their suggestions were presented to RTC members.

Following on from this telephone survey, here are **ten 'Top Tips'** which have been successfully implemented by some hospitals and could be considered with your local transfusion team. Not all will be relevant to your practice and some will already be in place but please give them some consideration.

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### Top Tips to reduce platelet usage and wastage

1.	<p><b>Should your hospital stock platelets?</b>  <i>The BSMS has produced a tool which may help you decide if that is appropriate or not.</i>  <a href="http://www.bloodstocks.co.uk/pdf/PlateletStockholdingAlgorithm.pdf">http://www.bloodstocks.co.uk/pdf/PlateletStockholdingAlgorithm.pdf</a></p>
2.	<p><b>Could your hospital share platelets with another local hospital?</b>  <i>Some smaller hospitals successfully share with larger hospitals and some Trusts rotate platelet stocks between their hospitals to reduce wastage.</i></p>
3.	<p><b>Could your hospital introduce a locally defined and agreed dereservation period for platelets allocated to a named patient?</b>  <i>Hospitals where platelets are ordered to cover specific transfusion events have successfully altered clinical practice so platelets are returned to stock after a short period (4-12 hours) if they have not been transfused.</i></p>
4.	<p><b>Consider swapping long-dated platelets for short-dated ones</b>  <i>If you know a patient is going to be transfused, give them the shortest dated platelets.</i></p>
5.	<p><b>Consider using different ABO group platelets in adults who are <u>bleeding</u></b>  <i>Although when used prophylactically ABO matched platelets survive longer, in the bleeding patient a different ABO group will be just as effective at stopping the bleeding.</i></p>
6.	<p><b>Consider using RhD positive platelets in adult males who are <u>bleeding</u></b>  <i>Give RhD negative platelets for RhD negative patients where anti-D would be a problem but in adult males who are actively bleeding, use RhD positive platelets if you have them available</i></p>
7.	<p><b>Introduce the National Blood Transfusion Committee Indication Codes for platelets so that any requests outside the accepted criteria can be reviewed if appropriate</b>  <i>This could be done to empower the BMS staff or used as a way of deciding when to get the haematology medical staff to intervene.</i></p>
8.	<p><b>Double-dose platelets are not necessary in most prophylactic situations – ‘why use two when one will do?’</b>  <i>The PLADO clinical trial (N Engl J Med 2010; 362:600-613) has shown that standard dose prophylactic platelets are just as effective as high dose prophylactic platelets.</i></p>
9.	<p><b>Review the timeliness of platelet counts or other tests used to inform the decision to prescribe platelets.</b>  <i>Often platelet orders are made in anticipation of a low platelet count and sometimes platelets are transfused before the count is available. Where possible use of point of care testing and rapid turnaround of laboratory tests to support active clinical decision making.</i></p>
10.	<p><b>Work at it – share practice with colleagues in other hospitals – and celebrate success!</b></p>