NCABT Haematology Audit

2016 Key Findings

Credit: Anne Weston, LRI, CRUK, Wellcome Images
HAEMATOLOGY AUDIT JANUARY 2016

96% of hospitals participated
6109 transfusion episodes

4649 patients, median age 72 years
70% of patients were managed without curative intent

ORGANISATIONAL AUDIT

13% of hospitals did not have written transfusion guidelines

Hospital guidelines did not always agree with national guidelines

Approximately 30% used a higher haemoglobin for people without additional risk factors, or for people with cardiovascular disease

16% stated that platelet transfusions were not required in chronic bone marrow failure

28% stated that platelet transfusions were not necessary prior to a bone marrow biopsy or trephine

CLINICAL AUDIT - RED CELLS

59% of red cell transfusions were for chronic anaemia
75% of red cell transfusions were considered appropriate
27% of inpatients and 13% of outpatients had single unit transfusions
(390/1447) (383/2859)

11% of inpatients and 0.5% of outpatients had an Hb measured between red cell units
(116/1050) (12/2452)

17% of stable patients with reversible bone marrow failure were transfused with an haemoglobin less than or equal to 70 g/L
(163/955)

30% of patients with reversible bone marrow failure and cardiovascular disease were transfused with an haemoglobin less than or equal to 80 g/L
(18/60)

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**CLINICAL AUDIT - PLATELETS**

41% of platelet transfusions were for patients with chronic bone marrow failure
(730/1781)

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**Prophylaxis - 77%**

93% of patients had a single unit transfusion
(1277/1379)

42% of inpatients had a platelet count measured in between units
(31/74)

72% of prophylactic platelet transfusions were considered appropriate in reversible bone marrow failure

43% of prophylactic platelet transfusions were considered appropriate in chronic bone marrow failure

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**Pre-procedure - 9%**

9% only had a bone marrow biopsy
(14/160)

61% of pre-procedure platelet transfusions were considered appropriate
(12/2452)

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**Therapeutic - 10%**

87% of therapeutic platelet transfusions were considered appropriate
(182/1781)
KEY RECOMMENDATIONS

Improving local guidelines

1. Local hospital guidelines must be easily available and reflect national guidelines for blood transfusion.

2. Local hospital guidelines should state that prophylactic platelet transfusions are not required:
   A) Prior to bone marrow aspirations and trephine
   B) In stable patients with chronic bone marrow failure.

3. Local hospital guidelines should state how to manage transfusion in patients at high risk of Transfusion Associated Circulatory Overload (TACO).

Improving local audit

1. Information technology solutions are required to allow regular non labour intensive audit of transfusion practice.

Improving clinical practice

1. The reason for transfusion should be clearly documented in the patient’s record including any individual threshold agreed for that patient.

2. In the absence of active bleeding, use the minimum number of red cell units required to achieve a target haemoglobin and consider a single unit transfusion.

3. One adult therapeutic dose of platelets is required for prophylaxis. Pre-procedure consider the size of the patient, previous platelet count increments and the target platelet count.

