Red cells

Hospital stock levels should be demand driven

- Reduce stock holding in line with local demand. This will vary between sites depending on patient mix but should help reduce TIMEX wastage.
- Count and record stock inventory on a daily basis and operate a “first in, first out” policy for the issue of red cell components where possible.
- Consider reduction of specialist units held in stock (i.e. irradiated or extended phenotype red cells); order as required.
- Reduce the dereservation period for any issued red cells to 24 hours (excluding units provided by RCI or where atypical red cell antibodies are present requiring a manual crossmatch).
- Consider the interval and mechanism of review for satellite fridges, specifically those in acute clinical locations to miminise staff movements.
- Explore the possibility of stock sharing with other local trusts.
- Trusts with more than one transfusion laboratory should consider reviewing stock levels centrally.
- Consider review and potential reduction of emergency red cells and the location these units are held in if the demographic and speciality of the hospital workload changes.
- Consider the use of Group O Positive red cells for use in age/gender appropriate trauma should the need arise.
- Consider any existing arrangements with independent/private hospitals, treatment centres or satellite units. Ensure discussions with these units take place to understand and respond to their changing needs before making any amendments.
- Consider the reduction or withdrawal of stock in remote issue fridges especially those in locations used for elective surgery.
- Engage with pre-hospital care providers if relevant to manage changing practice and expectations
- Limit requests for “fresh red cells” and consider relaxing maximum blood age requests for haemoglobinopathy patients; extended phenotype matching should take priorty.
- Take a proportional share of K+ units where possible and limit over specifying red cell orders for stock.

Please note that the BSMS red cell budget report can be used as a guide to inform stock reductions. Please contact bsms@nhsbt.nhs.uk for support

NHS Blood and Transplant

BSMS Blood Stocks Management Scheme

Hospital Inventory Management during COVID-19 pandemic

This document has been produced to provide hospital transfusion laboratories with some practical advice and considerations which may assist them to manage their component stock during the current pandemic. Most of the advice has been taken from the National Blood Transfusion Committee (NBTC) red cell and platelet shortage plans. These can be found at https://hospital.blood.co.uk/business-continuity/coronavirus-covid-19/
The suggestions included are not an exhaustive list but will help NHSBT maximise the supply chain and continue to support hospitals during this time and should considered as soon as possible.

Platelets

- Review and restrict stockholding of platelet components
- Appropriate use of platelet components across ABO groups in order to minimise wastage

Recipient’s group	O	A	B	AB
1st choice	O	A	B	AB
2nd choice	A or B	AB	AB	A* or B*
3rd choice	AB	B* or O*	A* or O*	O*

*HT negative platelets should be selected where available

Fresh Frozen Plasma (FFP) and Cryoprecipitate

- Hospitals that currently issue pre-thawed FFP may wish to consider the requirement and adjust if there is a significant reduction in trauma requirement.
- Ensure FFP/Cryo stock is recorded as part of regular stock assessments