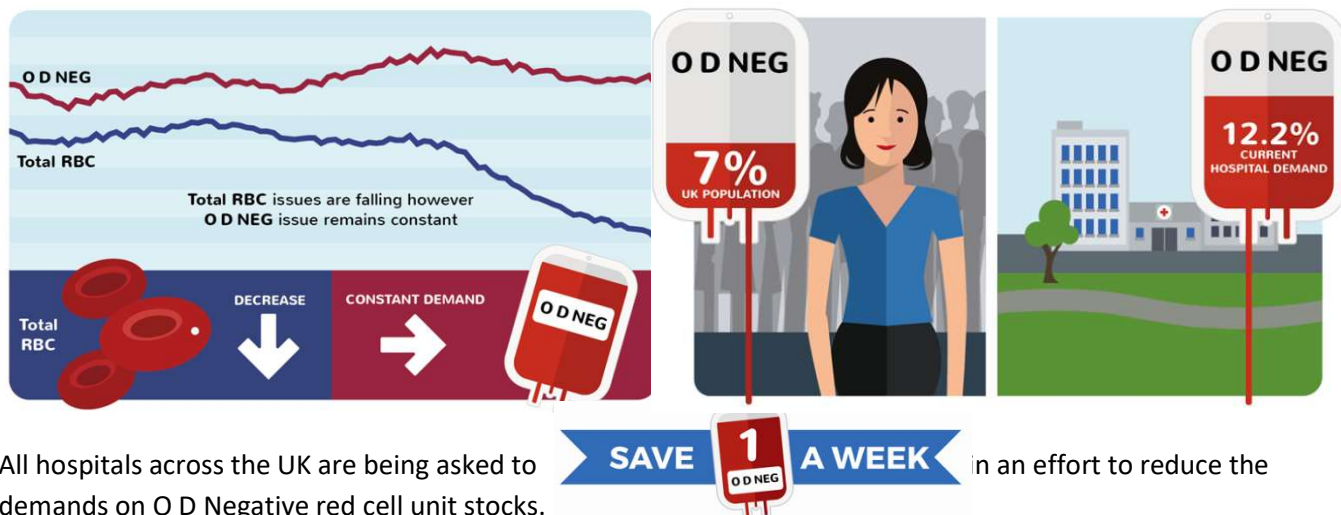


Use of O D POSITIVE blood in Emergencies for Adult Males

Nationally, the total demands for red cell units are falling as numerous blood saving strategies and changes in practice reduce the number of units we transfuse to our patients. However, the demand specifically for O D Negative red cell units, used in emergency situations where the group of the patient is unknown, remains constant. On occasions, demand for emergency O D Negative units is dangerously close to outstripping supply.



All hospitals across the UK are being asked to **SAVE 1 O D NEG A WEEK** in an effort to reduce the demands on O D Negative red cell unit stocks.

In response to this request we have:

- reduced the number of O D Negative red cell units we hold in stock at CRH.
- through education, improved the knowledge and understanding regarding appropriate requesting and use of O D negative emergency units
- through the introduction of the 'two sample rule' been able to establish electronic issue for suitable patients, to speed up the process of issuing group specific red cell units, preventing the need, in some cases, for O D Negative emergency units
- empowered the Blood Bank Team to challenge inappropriate requesting
- streamlined and improved the communication processes during Massive Haemorrhage activations.

The next step in ensuring we are 'playing our part' to reduce usage is to utilise O D Positive red cell units in emergency situations for Adult Males. This approach is being rolled out nationally and is deemed to be safe and appropriate. Where there is urgent need for blood in an adult male (patient in extremis who cannot wait for grouping and cross matching to be completed) whose blood group is thus unknown, O D Positive red cells will be issued as a suitable alternative.

Practicalities

This is an obvious change of practice that requires staff engagement, education and effective communication.

In order to implement this change there are a number of actions that need to be undertaken:

- Engagement sessions planned in for the Team in ED and other "high use" areas such as Ridgeway Ward & EMU
- Engagement sessions planned with the Portering Team
- Working with the Blood Bank Team regarding change of practice
- Posters designed to support change in practice (see appendix 1 -Porters & 2 -Clinical Teams)
- Outer blood bag labels designed for clarity for both the Porters during the collection process and for the clinical teams receiving the units in the clinical areas (see appendix 3)
- Requirement to up-date related policies and SOPs

- Making the required changes in Bloodhound to release O D Positive blood when the emergency function is activated.
- Agree a go live date
- Generic communications to be sent out to clinical teams (see appendix 4), supported by face to face ward sessions

It was discussed at HTC re the requirement for a patient information leaflet regarding this change: it was agreed that this would not be appropriate. There are already a number of situations where Blood Bank substitutes compatible blood that may be of a different group to that of the patient, e.g. group A D Negative red cells to an AB D positive patient. We do not provide written information to patients regarding these substitutions. Given that the change to O D positive red cells to adult males would only be occurring in emergency situations, it would in addition seem to be an inappropriate time to try to discuss this change of practice with the patient at that time. We do however, provide NHSBT leaflets "Information for patients who have received an unexpected blood transfusion" (see appendix 5 & 6). These leaflets are designed to be given to patients who were unable to consent at the time, where transfusion was deemed to be critical to their survival and in their best interest.

The [NBTC recommendations on the appropriate use of O RhD negative red cells \(revised April 2009\)](#) advocate this change in practice. It is predicted that this strategy may save a potential 34 units of precious O D Negative units per year across the hospital, ensuring they are available for use in patients for whom there is no alternative.