SHOT Myth Busters

SHOT Serious Hazards of Transfusion

MYTH: 'Patients developing fever with transfusions should be treated with steroids, antihistamines and paracetamol.'

FACT: Patients having a febrile reaction should only be treated with paracetamol. Antihistamines and steroids are of no benefit. Patients having an allergic and febrile type reaction can be treated with antihistamines and paracetamol.

Steroids are only recommended for more severe allergic reactions to prevent delayed hypersensitivity. Steroids often take hours to act so are only useful in severe allergic reactions. In most patients they have no benefits and could cause other on going adverse events.

Want to know more… just click the link

MYTH: 'Anti-Kell is the most frequent antibody involved in haemolytic transfusion reactions.'

FACT: Anti-Jk^{a} continues to be the most frequent antibody to be involved in haemolytic transfusion reactions.

Acute haemolytic transfusion reactions are characterised by a fever, a fall in haemoglobin, rise in bilirubin and lactate dehydrogenase and a positive direct antiglobulin test. They generally present within 24 hours of transfusion.

Want to know more… just click the link

MYTH: 'Irradiated blood is recommended for solid organ transplant patients who have received alemtuzumab or ATG.'

FACT: Solid organ transplant recipients who have received a alemtuzumab or ATG as induction therapy or for a treatment of graft rejection do not require irradiated cellular blood components.

It is not necessary to use irradiated blood components after ATG or alemtuzumab use in solid organ transplants. No cases of TA-GvHD have been reported to date after the use of non-irradiated components.

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MYTH: 'Traceability is not required for blood products such as anti-D Ig, prothrombin complex concentrates and human albumin solution.'

FACT: It is a condition of the licence that both the manufacture/importation and wholesale distribution authorisation holders of human medicines keep records of who they supply for recall purposes under the Human Medicines Regulations 2012. This was applied to blood products by the NHS after the vCJD issue that was first reported in 1996.

Blood products (human medicines) and their starting material traceability is important in case of batch recalls. This is covered under the Good Manufacturing Practice guidelines, for human medicines .

Want to know more… just click the link

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