**Why was a blood component communication guide created?**

This document was drafted to provide a quick guide for blood components to ensure clear, accurate communication thus enhancing patient safety through consistency and informed expectations. Serial Annual SHOT Reports SHOT have shown that errors occur due to incomplete communication during blood component requests and can have potential serious consequences for transfusion recipients. Having standard information easily available improved clarity, especially in communicating the urgency of request and locating suitable blood components.

**Who is it for?**

This template is available to be used in collaboration between staff in any hospital transfusion laboratory and requesting clinical areas to address identified gaps in communication during blood component requesting and collection. Use of this form is by no means mandatory and is offered as an option for those who do not have similar systems in place and would like a starting point to work from.

**How should it be used?**

The communication guide includes a comprehensive list of options reflecting weak points in the requesting and collection process based on data from SHOT. SHOT acknowledges there is no ‘one size fits all’ option, therefore this document has been provided in an editable format. Organisations may wish to adjust it to their own needs, adding or removing sections as required. Where a section is highlighted in yellow, this indicates details to be provided by individual organisations according to their processes.

**Acknowledgements**

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**References**

Robinson, S. et al., 2018. The administration of blood components: a British Society for Haematology Guideline. Transfusion Medicine, 28(1), pp. 3-21. doi: <https://doi.org/10.1111/tme.12481>.

Department of Health, 2005. The Blood Safety and Quality Regulations 2005. [Online] Available at: <https://www.legislation.gov.uk/uksi/2005/50/introduction/made> (Accessed 07 July 2025).

**To activate the major haemorrhage protocol (MHP) contact: XXXX**

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| **Scenario** | **What to ask for?** | **What is available?****Who is this for?** | **How long until available? (mins)** | **Where to collect from** | **GS sample required?** | **Patient ID required to collect?** |
| **Blood immediately required in life threatening situation** | Emergency issue red blood cells (RBC) | X O D-positive  | Males >18 years and all patients ≥51yrs | Always available | X | No | No – unless transfusion laboratory informed of patient’s ID |
| X O D-negative | All children 1-18 years or patients of childbearing potential ≤50 years | Always available | X |
| X O D-negative paediatric units  | All children <1 year old | Always available | X |
| **Blood loss with clinical signs of shock** | Major Haemorrhage Pack | Initial call**Pack 1** | X RBCX FFP (fresh frozen plasma) | RBC  | X | X | Yes (if possible) **\*** | Yes |
| FFP | X | X |
| MHP continuing**Pack 2** | X RBC | RBC | X | X |
| X FFP | FFP | X | X |
| X Platelets  | Platelets  | X | X |
| X Cryoprecipitate | Cryoprecipitate | X | X |
| **Blood components required within 15 minutes** | ABO group specific (if group is known) | Blood of suitable group for patient, NOT tested against the patient’s sample | RBC | X | X | Yes**\*** | Yes |
| FFP | X | X |
| Platelets | X | X |
| Cryoprecipitate | X | X |
| **Blood component support outside of emergency (please state urgency)** | Red cellsFFPPlateletsCryoprecipitate(as applicable) | Blood that has been tested against the patient’s sample. Number of blood components available as discussed with laboratory **Note:** If the patient has red cell antibodies times will be much longer, ask laboratory for advice**Note:** X number of platelets are available on site, further stock will be ordered from the Blood Service via blue light (X mins), ad hoc order (X mins) or routine order (Xam and Xpm deliveries) |  | Routine | Urgent | X | Yes**\*** | Yes |
| RBC | X | X |
| FFP | X | X | X |
| PLTS | X | X | X |
| CRYO | X | X | X |

**\***2 group and screen (GS) samples taken separately if new patient where this does not impede delivery of urgent blood components unless secure electronic patient identification systems in place as per the British Society for Haematology (BSH) guidelines

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| **Clear communication guide** |
| **Major haemorrhage pack** | This is a general term for blood components support in an emergency. Please note that blood components may be not available as a single ‘pack’ and could require different timeframes for preparation and availability.  |
| **Clinically unstable patients** | The parameters set out in the above table are expected to be a guide, patients can move from one section to another very quickly. Please communicate with the transfusion laboratory as soon as a patient’s clinical need changes.  |
| **Patient information** | Please have patient information available when collecting blood components. This should include forename, surname, date of birth, unique identification number, sex/gender (as according to local policy, please delete as appropriate), and location in the hospital. This is to facilitate timely provision of components which meet the patient’s needs.  |
| **Sending a G&S sample** | If you are sending an urgent G&S or crossmatch sample, please inform the transfusion laboratory. |
| **Number of blood components per collection** | In routine situations, please collect **one blood component at a time** to reduce risk and potential wastage, more may be collected in emergency situations. Avoid collecting blood for two different patients at the same time. |
| **Adding a blood component request** | A blood component request can be added to a G&S sample accepted by the transfusion laboratory that is <XX hours old.  |
| **Blood components no longer required** | If blood components that are in the clinical area are **no longer required,** please return them to XX.Please stand down the MHP as soon as component support is no longer required. This prevents wastage and allows blood transfusion staff to support other patients. |
| **Traceability** | The transfusion laboratory must be provided with patient information details and confirmation of transfusion as soon as possible to maintain legal requirement for traceability in line with the Blood Safety and Quality Regulations (BSH, 2017). |

For more information, please see local blood transfusion policy available at: XX