**Why were example blood component telephone request forms created?**

This document was drafted to provide a standardised template for telephone requests for blood components to ensure clear, accurate communication thus enhancing patient safety through consistent and traceable practices. 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 a standard template will improve clarity especially in communicating the urgency of request and identification of specific transfusion requirements.

* The first form on page 2 is for a routine blood component request. This form has been duplicated for ease of printing and attaching to paper sample request forms
* The second form on page 3 is for a major haemorrhage protocol (MHP) activation

**Who are they for?**

These templates are available to be used by staff in any hospital transfusion laboratory to address identified gaps in communication during blood component requesting. Use of these forms is by no means mandatory and are 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 templates include a comprehensive list of options reflecting weak points in the requesting process based on data from SHOT. SHOT acknowledges there is no ‘one size fits all’ option, therefore these forms have been provided in an editable format. Organisations may wish to adjust these forms for their own needs, adding or removing sections as required.

The sections of text stating ‘ASK’ are to prompt the laboratory staff taking the call to ask that single question, if the information has not already been provided by the caller. Options are then given to be circled/ticked as appropriate to save time in writing options in full.

**Why are there two forms, which should we use?**

Feedback obtained from key stakeholders suggested that a single combined form for routine requests and MHP activations may cause confusion and not be practical. Therefore, we have created a routine blood component request form and an MHP activation form. Please select the forms most useful for your laboratory. If you feel a combined form would be helpful for your site, please contact SHOT on [shot@nhsbt.nhs.uk](mailto:shot@nhsbt.nhs.uk) and a combined template can be provided.

**Acknowledgements**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ASK:** Is this a MHP activation? Y / N (If yes use MHP form) **ASK:** Is the patient actively bleeding? Y / N | | | | | | | | | | |
| **Patient details** | | | | | | | | | | |
| **Forename** | |  | | | | | **DOB** | |  | |
| **Surname** | |  | | | | | **Hospital number** | |  | |
| **NHS number** | |  | | | | | **Sex** | | F M Unknown | |
| **ASK:** Is the patient pregnant? Y / N If yes, gestation in weeks: EDD: / / | | | | | | | | | | |
| **Blood component support** | | | | | | | | | | |
| **Type** | **Units/ml** | | **Type** | | | | **Units/ml/IU** | **Type** | | **ml** |
| Red cells |  | | Platelets | | | |  | Albumin 5% | |  |
| FFP |  | | PCC | | | |  | Albumin 20% | |  |
| Cryo |  | | Anti-D | | | |  | Other | |  |
| **ASK:** Does the patient have any specific requirements? | | | Irradiated | | | | Phenotyped | HLA/HPA matched | | |
| CMV neg | | | | HbS neg | Other: | | |
| **Transfusion priority: ASK:** Is this an emergency (now)?Is the request urgent (<2hrs)? Routine (>2hrs)? | | | | | | | | | | |
| For a specific date: / / For a specific time (24 hr clock): | | | | | | | | | | |
| **Clinical History** | | | | | | Reason for transfusion: | | | | |
| Diagnosis: | | | | | |  | | | | |
| Date of last transfusion: / / | | | | | | Reactions/known antibodies: | | | | |
| **Follow up actions** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Spoken to On-Call Haematologist (if required):** Y **/** N  **Dr Name:** | | | | | | | | | | |
| **Caller name:** | | | | **Location:** | | | | **Contact number:** | | |
| **Call taken in laboratory by:** | | | | | Date | | | Time (24hr clock) | | |
| **Group:** | | | | | **Sample number:** | | |  | | |
| **ASK:** Is this a MHP activation? Y / N (If yes use MHP form) **ASK:** Is the patient actively bleeding? Y / N | | | | | | | | | | |
| **Patient details** | | | | | | | | | | |
| **Forename** | |  | | | | | **DOB** | |  | |
| **Surname** | |  | | | | | **Hospital number** | |  | |
| **NHS number** | |  | | | | | **Sex** | | F M Unknown | |
| **ASK:** Is the patient pregnant? Y / N If yes, gestation in weeks: EDD: / / | | | | | | | | | | |
| **Blood component support** | | | | | | | | | | |
| **Type** | **Units/ml** | | **Type** | | | | **Units/ml/IU** | **Type** | | **ml** |
| Red cells |  | | Platelets | | | |  | Albumin 5% | |  |
| FFP |  | | PCC | | | |  | Albumin 20% | |  |
| Cryo |  | | Anti-D | | | |  | Other | |  |
| **ASK:** Does the patient have any specific requirements? | | | Irradiated | | | | Phenotyped | HLA/HPA matched | | |
| CMV neg | | | | HbS neg | Other: | | |
| **Transfusion priority: ASK:** Is this an emergency (now)?Is the request urgent (<2hrs)? Routine (>2hrs)? | | | | | | | | | | |
| For a specific date: / / For a specific time (24 hr clock): | | | | | | | | | | |
| **Clinical History** | | | | | | Reason for transfusion: | | | | |
| Diagnosis: | | | | | |
| Date of last transfusion: / / | | | | | | Reactions/known antibodies: | | | | |
| **Follow up actions** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Spoken to On-Call Haematologist (if required):** Y **/** N **Dr Name:** | | | | | | | | | | |
| **Caller name:** | | | | **Location:** | | | | **Contact number:** | | |
| **Call taken in laboratory by:** | | | | | Date | | | Time (24hr clock) | | |

**Group: Sample number:**

**Group: Sample number:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Major haemorrhage request: Patient details** | | | | | | | | | |
| **Forename** | |  | | | | **DOB** | | |  |
| **Surname** | |  | | | | **Hospital number** | | |  |
| **NHS number** | |  | | | | **Sex** | | | F M Unknown |
| Location: | | | | | | | | | |
| Contact name: Contact number: | | | | | | | | | |
| Name of Dr authorising MHP activation: | | | | | | | | | |
| **ASK**: **Has the patient been given Tranexamic acid?** Y / N / Unknown | | | | | | | | | |
| **ASK**: **Are TEG/ROTEM results available?** | | | | | | | | | |
| G&S required? Initial and confirmatory Confirmatory only | | | | | | Eligible for EI? Y / N | | | |
| **Patient History** | | | | | | | | | |
| Reason for activation: | | | | Diagnosis: | | | | | |
| Transfused pre-activation? Y / N  Details: | | | | Reactions/known antibodies/ specific requirements: | | | | | |
| **ASK:** Is the patient pregnant? Y / N If yes, gestation in weeks: EDD: / / | | | | | | | | | |
| **MHP packs** | | | | | | | | | |
| Pack 1 | Date: Time: | | | Pack 2 | | | Date: Time: | | |
| Pack 3 | Date: Time: | | | Other components | | | Date: Time: | | |
| **Follow up actions** | | | | | | | | | |
| Do emergency red cells need replacing? Y / N | | | | | Does pre thawed FFP need replacing? Y / N | | | | |
| Do platelets need ordering from blood service? Y / N | | | | | Platelets Ordered: Blue light Ad hoc Routine | | | | |
| **Further information** | | | | | | | | | |
|  | | | | | | | | | |
| **Spoken to On-Call Haematologist (if required):** Y  **/** N **Dr Name:** | | | | | | | | | |
| **Call taken in laboratory by:** | | | Date | | | | | Time (24hr clock) | |