A Question of Specific Requirements
Patient history

• 36yrs old female, D-negative with dilated cardiomyopathy & worsening heart failure

• Admitted for insertion of ventricular assisted device/heart transplant work up

• Multiple co-morbidities: acute liver injury, acute kidney injury, sepsis, pancreatitis

• Persistently low platelet count. Investigated for platelet refractoriness – no antibodies detected
• Two units of HEV screened, D-negative platelets requested (standby) for ventricular device (BiVad) insertion

• Platelets were ordered by the **locum** BMS on the **night shift**

• On receipt, platelets booked into the LIMS via electronic dispatch note system

• It was **not** noticed that ‘HEV screened’ had been omitted from the order
• The platelets were placed on the agitator and marked as reserved for this patient

• This information was documented as being handed over to the day shift

• Mid-morning, theatre requested platelets for the patient

• When issuing the reserved platelets, the day shift BMS realised they were not HEV screened
What would **YOU** do next?

A. Proceed with the non-HEV screened, D-negative platelets reserved for that patient

B. Contact the blood service for advice

C. Review available stock for a suitable alternative

D. Contact the haematologist for advice
• The BMS discussed the issue with the transfusion practitioner (TP) and the Consultant Haematologist

• TP considered it best to meet D-negative requirement and omit HEV screened requirement

• The consultant haematologist considered meeting the HEV requirement important

• The only available HEV screened platelets available were D-positive
What would **YOU** do?

A. Issue HEV screened, D-positive platelets

B. Issue non-HEV screened, D-negative platelets

C. Issue HEV screened, D-positive platelets with anti-D Ig cover

D. In this circumstance it does not matter
The decision...

- HEV screened, D-positive platelets were issued with 500iu anti-D Ig cover (only 500iu available)

- The platelets were transfused however, the consultant intensivist would not agree to give the intramuscular (IM) anti-D Ig due to the risk of IM haematoma adding to the list of clinical problems

- The TP and intensivist agreed to revisit this decision after the weekend (within 72hrs of event)
• TP documented the agreed plan on the LIMS clinical notepad

• When TP returned on Monday she found the anti-D Ig had been issued on Sunday

• The laboratory had telephoned the ward to advise that anti-D Ig should be given

• Patient notes confirmed anti-D Ig administration