The Problems of 2 samples in Paediatrics

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How do we make Transfusion safe?

Don’t do it

What can we do to make sure Transfusion is as safe as possible when we have to do it?

Compliance with the BCSH Guidelines for pre transfusion testing

How do we comply with these guidelines when the average age of our patients is 3yrs?

With difficulty
With difficulty does not mean don’t try.

What can we do to move towards compliance?

• We have completed a Gap analysis using the BCSH Taskforce documents
• We have contacted our users to ask for assistance in implementing these guidelines
• We have reviewed our Wrong Blood In Tube (WBIT) figures for both Blood Science and specifically Blood Transfusion
• We are in the process of performing a risk analysis on the current process
The gap analysis showed a few areas which needed attention- most of which were procedural and could be corrected with relative ease e.g. introduction of a concessionary release procedure.

Some –not so easy......2 samples
We have contacted our users to ask for assistance in making this happen

We have reviewed our WBIT figures for both Blood Science and specifically Blood Transfusion

We are in the process of performing a risk analysis on the process
During April 2013 we crossmatched 189 patients, 48 of whom were crossmatched on the 1st sample received = 25%
12 of these patients were for Cardiac surgery
18 were neurosurgical patients who came from anywhere from Aberdeen to West Sussex
7 were NICU patients. 2 patients had 2 transfusions before a second sample was received
9 were emergency admissions to PICU
Paediatrics is different to adult medicine in so many ways. Samples are a very precious resource.

The number of allo antibodies detected in paediatric samples is low.

Our WBIT rate is very low.
Conclusions

It will not be easy

It is possible

But it will take time