

Transfusion Laboratory: Frequently asked questions (Haematology)

How do I contact the JR Transfusion Laboratory?

- During routine hours (08.30-17.00 M-F) phone 20339 or 20340
- Outside these times bleep 1719

How do I contact the Horton Transfusion Laboratory?

- Phone 29236 at any time

How should I label a transfusion sample?

- Transfusion samples MUST only be labelled using the Tx system at the patient's bedside
- Samples not labelled in this way WILL be discarded

How long does a group and save sample last?

- For patients who have received blood products within the last 3 months a group and save sample is only valid for 72 hours. This means that a sample taken at 10pm will be valid only until 10pm 72 hours later
- For patients not transfused in the last 3 months – group and save samples are valid for a maximum of 3 months. If the patient is transfused within those 3 months the validity then reverts to 72 hours from the start of the transfusion
- It is good practise to regularly group and save all Haematology inpatients. If samples are taken on Monday and Thursday mornings then patients will maintain a valid sample except for on Sundays

How do I know if my patient has a valid group and save?

- The quickest way to check if a patient has a valid sample is to use BloodTrack ward enquiry which is available on all virtual desktops
- The results of all transfusion samples are also visible on the patient flowchart in EPR – this will allow you to check when the last group and save was sent. If this is not within the last 72 hours then for haematology patients it is unlikely that they have a valid sample

How do I place a transfusion request?

- All transfusion requests (except for requests for emergency stock) must be placed on EPR
- During EPR downtime it is acceptable to use paper request cards

How long does it take to do a group and save?

- A routine group and save usually takes between 1 and 4 hours to complete after the laboratory have received the sample. The time is variable and depends on time of day, staffing levels, what else the laboratory is already processing and other variables such as analyser maintenance.
- If you require a group and save processed urgently phone the laboratory to alert them to this so that we can prioritise it. Please don't ask for all your group and saves to be treated as urgent because it is not possible for us to prioritise every sample we receive and the use of the term urgent becomes meaningless if it is abused.

What is the difference between a group and save and a crossmatch?

- A group and save is the sample processing
- It consists of a blood group and an antibody screen to determine the patient's group and whether or not they have atypical red cell antibodies in their blood. If atypical antibodies are present the laboratory will do additional work to identify them

- A crossmatch is when the laboratory actually provides red cells products for the patient. It is not possible for the laboratory to provide crossmatched blood without having processed a group and save sample first.

How do I get a sample to the transfusion lab?

- Routine working hours – either pod or use a porter to take the sample to laboratory medicine at the Churchill. From there the sample will go on one of the routine hourly transport runs to the JR for processing
- Outside routine hours, either pod or use a porter to take the sample to the porters lodge. There is an hourly routine transport run from the porters lodge.
- Urgent samples should always be transported directly to the JR laboratory using the CitySprint urgent transport runs. Instructions are available on every ward

How quickly can blood be made available?

- The answer to this question is complex and depends on a number of factors
- Emergency stock is always available for patients – at the Churchill this is either from the Theatre fridge or the porters lodge. Emergency stock should be used to ensure no patients life is put at risk because of a lack of blood. It should not however be used as a substitute for cross matched blood in routine situations as it is not without risk.
- The critical factors as to how long it will take to provide red cells are
 - i. Does the patient have a valid group and save sample?
 - ii. Does the patient have any red cell antibodies?
- **For a patient with no red cells antibodies, who has a valid group and save sample** red cells are routinely issued within 15 mins for the request being received in the lab. Urgent requests can be prioritised and you should alert the laboratory if your request is urgent
- **For a patient with no history of red cells antibodies but for whom there is no valid sample.**
 - i. Take a sample for group and save from the patient
 - ii. Ensure the sample is quickly sent to the laboratory – we can't begin to process a sample until it arrives in the laboratory
 - iii. Once in the laboratory, the sample is processed on one of the analysers – this takes approximately 1 hour
 - iv. If the antibody screen is negative, the lab can then almost immediately issue red cells
 - v. If the antibody screen is positive – see information on patients with red cells antibodies
 - vi. Don't assume that a patient will be able to have red cells within 1 hour of sending a sample – it does depend on the results of the testing
- **For patients with an history of atypical antibodies**
 - i. Ensure the laboratory has a valid sample
 - ii. Request blood as SOON as you suspect it may be needed – this will allow the laboratory time to order red cells is required
 - iii. Note patients with historical red cell antibodies are at risk of developing new antibodies with every transfusion and so need samples as per patients with no antibodies
 - iv. the lab will need to undertake additional work to identify the antibody. It is impossible to guarantee how long this may take as it varies with the complexity of the antibody(ies). We may need to ask for additional samples and refer the sample to a reference laboratory.
 - v. Once the lab has identified the antibody(ies), we may not have red cells which are suitable for the patient in stock and may need to order these from NHSBT, this may take considerable time to arrive.
 - vi. If a patient develops an antibodies and blood is required urgently, it may be necessary to give products before work is completed, however this should not be done without

discussion with a Haematology SpR or consultant as there may be considerable risk to the patient.

How quickly can platelets be made available?

- The laboratories endeavour to keep a stock of platelets although there may be times when they are awaiting additional supplies due to recent demand.
- Routine requests are usually issued within 1 hour of the request being received by the laboratory
- Platelets for patients who require group identical or apheresis platelets may not be available from stock and may need to be specifically ordered from NHSBT.
- All the platelets ordered into the Trust are irradiated, this is help with stock management

How quickly can FFP be made available?

- The laboratory at the JR site keeps 1 adult dose of FFP which is suitable for 80% of patients thawed in the laboratory, for suitable patients this can be made available within 10 mins of a appropriate request being made to the lab
- For other patients, the FFP will be thawed upon receipt of the request – this makes approximately 30 mins

I want HLA matched platelets for my patient – what do I do?

- Firstly ensure HLA matched platelets are appropriate for your patient
- Ensure that a sample has been sent to NHSBT for an HLA type and antibody screen
- Medical staff directly order HLA matched platelets from NHSBT in Filton (phone number)
- <http://hospital.blood.co.uk/diagnostic-services/hi/ordering-hla/> has further information.
- Note: because the Churchill laboratory is not open out of routine hours, HLA matched platelets are always delivered to the JR site for issue and labelling by the **laboratory before being transported to Churchill.**

How do I know if my patient requires irradiated blood products?

- There is a comprehensive list of type of patients that require irradiated blood within the Clinical Haematology guidelines
- This is available here: link to Transfusion intranet
- The O drive which is accessible from the ward and DTU-H has a patient list which is updated weekly showing which patients are currently receiving irradiated products
- Remember if you prescribe a new purine analogue or other drug which means the patient requires irradiated blood – it is essential that you inform the laboratory of this new requirement

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Review

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