

Emergency Blood Management Plan

Blackpool Victoria Hospital

BVH- Setting the scene

- Large DGH – 365 000 population
- Regional cardiothoracic surgery unit
- Haematological oncology level 3
- ~ 50 miles from NBS supply centre
- Annual blood usage ~14500 units
- ~ 40% of blood issued by ‘electronic x match’

EBMP

- Developed by transfusion committee
- Agreed by Trust Clinical Management Board
- ‘Desktop’ dummy run identified need for modifications

EBMP content- Green

- Appropriate use of blood
 - ◆ Cell salvage
 - ◆ Guidelines
 - ◆ Use of EPO
- Pre operative planning
- Audit
- Stock monitoring and management

EBMP Amber

- Inform lead consultants + medical director
- Theatre lists to be coordinated by blood group
- All transfusions to strictly comply with Trust guidelines.
- Review all non urgent requests
- Consultant haematologist to authorise any out of guidelines and massive transfusions.

EBMP Red

- EBMP group to meet daily
- Theatre lists considered daily
- Reservation time of units reduced
- All requests for blood to require medical approval from consultant haematologist
- Rh D negative units reserved for women of childbearing age.

EBMP group

- Chief executive
- Medical director
- Clinical director of anaesthetics and theatre
- Consultant haematologist
- Chair of Hospital Transfusion Committee
- Clinical risk manager
- Laboratory manager
- Clinical transfusion specialist

Trial questions (amber)

- What percentage would be deferred. Cancelled
- Which departments would be most affected
- Average number of daily stock deliveries required
- Impact on out of hours workload
- How many cases referred to consultant haematologist
- Estimate staff time required to manage plan

Trial questions red

- Which if any cases would proceed
- How would available blood be evenly distributed
- How many deliveries, % blue light
- How would we deal with local BUPA hospital
- Adequacy of out of hours staff and skill mix
- What consultant time is required
- Would we hold sufficient stock for a large bleed
- Is our communications system adequate
- Would our EBMP work ????????

Additional points from trial

- Priority categories
- Define a minimum safe stock level
- Define a mechanism for last minute recall of issued units
- Active dereserving of units post op if clinically sound
- Review MSBOS

Priority categories

■ Category 1

- ◆ Active major bleeding
- ◆ Emergency surgery
- ◆ Life threatening anaemia

■ Category 2

- ◆ Cancer surgery
- ◆ Urgent cardiac surgery
- ◆ Anaemia with major symptoms

■ Category 3

- ◆ Elective surgery
- ◆ Post op top up transfusion
- ◆ Elective top up for anaemia

Results of “trial”

- CONDITION RED
- Category 1 cases OK
 - ◆ (depending on group)
- Category 2 cases NO
- Category 3 cases NO
- CONDITION AMBER
- Category 1 cases OK
- Category 2 cases OK(ish)
 - ◆ Depending on groups , and resupply criteria
- Category 3 cases NO
 - ◆ Some cases maybe possible at short notice

Controversial issues/problems

- Change the MSBOS in amber or red states?
- Triage- withdraw treatment in massive bleeding?
- Compare clinical urgency between cases
- Communication
- Rewards to the profligate, penalties to the miserly
- Distribution between hospitals not on clinical need
- Patients moving categories as a result of deferral
- Whose risk ?