Algorithm to aid hospital decision making for holding stock platelets

The number of hospitals routinely holding a stock of platelets has increased from 10% in 2003 to 22% in 2009 (from 23 hospitals to 51 hospitals). There is anecdotal evidence that the number of hospitals holding stocks of platelets continues to increase.

The objective of the algorithm is to aid hospital decision making for holding platelet stock and has been collated using output from hospital participants at the BSMS regional meetings which took place in May 2011.

**Platelet Usage**

<table>
<thead>
<tr>
<th>High usage</th>
<th>Low usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 1000 units/annum</td>
<td>&lt; 400 units/annum</td>
</tr>
</tbody>
</table>

**Consider holding stock platelets**

- **Factors to consider:**
  - Level of ad hoc/emergency deliveries. Holding stock may result in a reduction.
  - Time spent ordering and managing stock
  - If the laboratory serves a trauma centre

**Hold Stock Platelets**

- **Factors to consider:**
  - Group mix and availability of stock held
  - Discuss needs/flexibility with supplying Blood Service
  - Trial stockholding and audit: taking into account following factors:
    - Clinical availability
    - Time Expiry/waste
    - Ability to reassign platelets between a number of clinical specialties

**Evaluate need to hold stock platelets**

- **Factors to consider:**
  - Patient mix – haematology/oncology patients
  - Reduction in level of ad hoc/emergency deliveries. Holding stock may result in a reduction
  - Time expiry of platelet stock
  - Holding stock of platelets on certain days

**Consider holding stock platelets**

- **Factors to consider:**
  - Patient mix – haematology/oncology patients
  - If the laboratory serves a trauma centre
  - Time expiry of platelet stock
  - Holding stock of platelets on certain days

**Delivery time to hospital from Blood Service**

- **< 1 hour**
  - Low usage
  - High usage

- **> 1 hour**
  - Low usage
  - High usage

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