# Western General Hospital House Officers Guide to Blood Ordering

3 units

4 units

General Surgery	
Small bowel resection	G&S
Colostomy	G&S
Ileostomy/ileal pouch	G&S
Cholecystectomy (lap or open)	G&S
Delorme's procedure	G&S
Thyroidectomy (total or subtotal)	G&S
Hemicolectomy	2 units
Laparotomy	2 units
Colectomy	3 units
Rectopexy	3 units

# **Urology**

Proctocolectomy

AP resection

Transurethral resection prostate	G&S
Bladder neck incision	G&S
Transurethral resection of bladder tumour	G&S
Laparoscopic nephrectomy	G&S
PERC	G&S
Pyeloplasty	G&S
Nephroureterectomy	2 units
Open nephrectomy	2 units
Cystectomy	4 units
Radical prostatectomy	4 units

## **Breast Surgery**

Mastectomy	G&S
LD flap/breast reconstruction	G&S

# **ENT Surgery**

Parotidectomy	No sample
Laryngectomy	G&S
Simple neck dissection	G&S
Complex neck dissection	G&S
Neck dissection and laryngectomy	G&S

Most minor operations do not require a sample

When ordering blood please comply with 'Better Blood Transfusion' practice. Please state the operation clearly and request blood as above. In practice most patients are suitable for 'electronic release'.

#### What is Electronic release?

- Blood is released directly fromblood bank only when it is actually required; this reduces blood wastage and is now the preferred method of blood supply.
- Formal cross-match is not performed.
- Blood will still be available from the lab within 5 minutes.
- For electronic release to operate the following criteria must be met
  - o No irregular antibodies
  - A previous sample from the patient and second sample within 7 days of time of transfusion.

C Wallis and P Dale Aug 2005

# **Blood Components Summary**

### Sampling and requesting

- Positively identify patients (your name please?)
- Check patients wristband (all patients having a transfusion should have a wristband)
- Handwrite patients name on the sample tube immediately after taking blood (do not put name labels on tubes)
- Complete request form fully (labels can be used on forms).
- > How much blood do you need and when? Follow the guidelines for your clinical area.

#### **Electronic release**

- Blood is released directly from blood bank only when it is actually required; this reduces blood wastage and is now the preferred met hod of blood supply.
- > Formal crossmatch not required.
- For electronic release to operate the following criteria must be met
  - No irregular antibodies
  - Not transplanted (stem cell or solid organ) in last 12 months
  - A previous sample from the patient and secondsample within 7 days of time of transfusion.

#### Red cells

- > for treating for anaemia or bleeding
- From single donations stored at 4°C in special blood fridge.
- > Always ABO compatible, or O-ve in extreme emergency
- > In cases of acute massive haemorrhages refer to Major Haemorrhage Protocol
- Always check haemoglobin before transfusion. Consider transfusion threshold carefully for each patient. As a rule maintain Hb 7090g/l. With ischaemic heart disease 90-100g/l.
- Do not remove from fridge until definitely needed. F out of fridge for>30 mins should not be put back.
- > Transfuse within 4 hours or return to lab for disposal.

#### Fresh Frozen Plasma

- Used for correcting coagulation defects. Prepared from single donations, stored frozen and thawed in the lab immediately prior to use.
- > Always ABO compatible

## **Platelets**

- Stored in lab at 22°C and issued for a specific patient.
- > Usually group O or A and rhesus matched
- > Do not refridgerate. Infuse within 30 mins.

## Cryoprecipitate

- Used for treating fibrinogen deficiency
- Usually 10 separate donations are pooled together. (<u>Currently not pooled at WGH</u> but will soon come in a pack containing 5 donations).
- > Usually ABO compatible or mixture of groups

Contact the Haematology duty registrar (Bleep 8226) for advice on appropriate use of FFP, Platelets or Cryoprecipitate

# Administration

- One or two people can check patient identity against blood product.
- Check patient identity against blood pack and transfusion form. Check ABO compatibility.
- > Infuse blood products through a blood giving set. Cent ral lines can be used.
- Change the set after 12 hours or at end of transusion.
- Platelets should be given through a fresh set. Consider the use of a blood warmer for rapid transfusion