

'J' SYSTEM

PH/JLC
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WTD/ 421

'J' SYSTEM

DONORS INVOLVED IN A CASE OF POST-TRANSFUSION JAUNDICE

When a case of post-transfusion jaundice occurs we are notified by the medical staff from the hospital concerned, and provided it appears to be a genuine case the following procedures are adopted:

1. Take the list of donation numbers given by the hospital, to Blood Bank Office and find out from the numerical list of donation numbers when the units were bled (write these down). Then go to the respective bibles and find out the donors' names, blood groups and sessions, checking carefully you have the correct donors.

copies of

2. Send a memo to the RDO asking for the records of these donors and instructing him ~~(not to call them until further notice (keep the records until the case is completed).~~

to make the records 'LBR-J' + 2nd dated sample (depending on whether samples are available from original analysis or not)

3. Start a buff folder and place the following information on its cover:
Patient's Name: _____ Date file initiated: _____
Fluids Given: (This may well be a long list)
 1. File initiated by Dr.
 2. Donors identified.
 3. Donor's record cards requested from RDO.
 4. Mr. Roach informed to arrange tests on previous samples.
 5. Make out page for black book.
 6. Make out 'J' donor cards.
 7. Make out master index cards.
 8. Annotate the records relating to receipt of repeat donor samples.
 9. Donors withdrawn/reinstated cards marked 'J'.

Tick off each stage as it is completed.

4. Make out page for black book (with duplicate copy for file) (A).

WTD/ 422

5. Make out 'J' donor card (B) for each donor.

6. Make out master index cards (C) and in so doing check master index to see if donors have been implicated in a previous case or are on another system. Donors involved in more than one case require further action. (See additional information).

7. If necessary, and only at the request of one of the medical staff, arrange for the donors to be brought in for additional samples (D). (See additional information).
8. After re-testing, if one or more positive donors are found in a case these donors are withdrawn (E) and the others can then be reinstated (F). The donors' records can then be returned to the RDO with the instruction either that they should be withdrawn for medical reasons or can be reinstated as normal.
9. If no positive donor is found in a case, the donors' records must be marked 'J' before they are returned to the RDO with the instruction to bleed as normal.
10. File the buff folder in filing cabinet and file the 'J' cards in the 'J' donors drawer.
11. All patient correspondence is filed in the patient's buff folder.
12. All donor correspondence is filed behind the respective 'J' donor card.
13. On the completion of a case, check that all donor record cards have been annotated.

ADDITIONAL INFORMATION FOR ACTION BY MEDICAL/SCIENTIFIC PERSONNEL

1. Donors involved in more than one case are usually withdrawn permanently. (E)
2. Mr. Roach will check stored donor samples and if available re-check them and send them to Dr. Craske for further tests. If possible, he will also provide samples for liver enzyme tests. He will identify all donors where samples are required for re-testing, which will include all donors implicated in Non-A Non-B Hepatitis.
3. When donors are brought in for samples they should be checked by Mr. Roach with subsequent arrangements to send a 10ml clotted blood sample to the Manchester Royal Infirmary for liver enzyme tests, the latter to be accompanied by a biochemistry request form. Laboratory deliveries are made twice daily from a collection point in the Apheresis Centre.
4. Where Factor VIII concentrate is implicated, Dr. Craske should be advised.
5. Cases should be reported quarterly to the D.H.S.S. (G)

WTD/ 423