Definitions & FAQs: Use of group O RhD negative red blood cells audit

Definitions

Transfusion episode*†	The interval in patient care from the time of the prescription of a defined number of units of one fresh blood component type for a patient and the time of completion of administration of this fresh blood component to that patient. A new transfusion episode starts with a new assessment and a new prescription. Transfusion episode may also cover a massive transfusion protocol (MTP) - the period of time the patient has critical bleeding that requires 4 or more red cell units per hour.

*Blood Measures: A Guide to the Set of Standard Measures for the use of Fresh Blood Components in Australia. NBA 2009

†National Blood Authority. Patient Blood Management Guidelines: Module 1 – Critical Bleeding/Massive Transfusion.

FATE	
Discard - Clinical	ordered for patient, not required (and discarded)
Discard - Damaged	any type of damage that leads to discard of unit (except incorrect storage)
Discard - Expired	reached expiry date in inventory (not if ordered for patient, not required)
Discard - Storage	unit out of correct storage or storage conditions unknown or non-compliant, including transferred units
Transferred	to another health service or pathology provider for a specific patient
Rotation	to another health service or pathology provider to prevent wastage due to expiry
Recall	recalled by Blood Service or asked by Blood Service to discard the unit
Other	please state reason

Transfusion urgency (based on clinical need)*	
Emergency: product required immediately/ within 1 hr	Resuscitation of life-threatening/ongoing blood loss from any cause, including major trauma and obstetric haemorrhage
Urgent: product required within 24 hrs	Emergency and other non-deferrable surgery. Nonsurgical anaemia including life-threatening anaemia (which may include in-utero support, neonatal intensive care, support for stem cell transplantation or chemotherapy, and patients with other conditions who cannot tolerate any delay in transfusion).
Routine: product required, but can be delayed more than 24 hours	Symptomatic but not life-threatening anaemia of any cause (including postoperative or postpartum), which cannot be managed by other means. Non-symptomatic, well-tolerated anaemia.

*These have been adapted from the BloodHound (http://onlinelibrary.wiley.com/doi/10.1111/j.1537-2995.2009.02305.x/full).

Primary reason O RhD neg unit selected	
O neg	O RhD negative patient
ABO unknown	Blood group of patient unknown at time of transfusion
Insufficient stock	Blood group known but group specific blood not available (insufficient stock) in inventory.
Stock not held	Blood group known but group specific blood not held in standard inventory.
Phenotype	To meet patient's specific phenotype requirements
Special requirements	To meet patient special requirements, such as CMV negative, irradiated
Mismatched transplant	Support ABO mismatched haematopoietic transplant patient
Neonate	Use for a patient aged 12 months or younger
Avoid time-expiry	Transfused to avoid time-expiry
Unknown	Unknown
Other	Other

FAQs

What RBC units do I need to audit?
The audit period covers the month of November 2017. Blood Matters is asking all health services/laboratories to audit each group O RhD negative RBC that met its fate during November. That is whether it was transfused, rotated, or discarded.

Our health service has received the O RhD neg audit and we have multiple laboratories that supply O RhD neg units – do we need to complete for all sites?
All laboratory and individual health service sites are to be included. The audit aims to capture as close to 100 per cent of all O RhD neg units transfused and discarded during the auditing period.

We have had blood rotated into our laboratory as part of the hub and spoke system – do we need to include these units in the audit?
Any O RhD negative units rotated into your laboratory must be included in the audit if they were consequently discarded or transfused during the auditing period. The audit aims to capture as close to 100 per cent of all O RhD negative units transfused and discarded during the auditing period.

Data collection is retrospective… any ideas on how best to capture group O RhD negative units meeting its fate during November?
Identifying unit numbers will differ depending on laboratory systems.
BloodNet can assist identifying discards and transfers during the time period.
Laboratory Information Systems (LIS) may also be able to produce appropriate reports to crosscheck what was transfused.
Blood fridge registers may be able to identify what group O D negative units were transfused.

I have one patient who had multiple units transfused – can I copy and paste the patient details for each O RhD neg unit to save time?
If it becomes tedious to enter the patient's gender, year of birth, etc., for each O RhD neg unit issued to the same patient; it is possible to 'copy and paste' your responses. However stay alert as some responses may vary throughout the episode, e.g. "Was blood group of patient known prior to issue of THIS unit?" may change.

How do I determine if a patient requires a specific phenotype?
When a patient has history of either a red cell transfusion or pregnancy they have the potential to make one or more antibodies to foreign red cells antigens. The laboratory performs a group and type (or group and antibody screen) to allow provision of compatible red cells. If a clinically significant antibody is detected, red cells that are negative for the relevant antigen must be crossmatched; these red cells are called "specific phenotyped" blood. See https://transfusion.com.au/blood_products/components/modified_blood/phenotyped for a list of clinically significant antigens.

This question does not refer to RhD or to CMV or irradiation or other special transfusion requirements.