A Prospective Audit of Blood Transfusion Requests in RL Jalappa Hospital and Research Centre for Blood and Blood Components

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Keywords: Blood components; Tertiary hospital; Audit

Abstract

Predetermined transfusion guidelines, pre transfusion approval, and transfusion audits are useful tools in the education of those ordering blood components, potentially resulting in the reduction of inappropriate use of blood components. In most cases, blood components released based on the demand of the ordering physician, despite the advice of the blood bank physician, were deemed as inappropriate transfusions. The present study was conducted upon 1694 episodes of transfusion units for different blood components over a period of 3 months from November 2011 to January 2012, out of total 1694 transfusion episodes in 920 requests for 796 patients. 124 patients had multiple requests. 208 males and 588 were females. Single unit requisitions were 456, and two unit requisitions were 354, and 3 or more unit requisition in 110 requests. 222 requests contained >10 gms% as indication, 330 requests had 7.1-9.9 gms%, and 250 requests with <7 gms%. Elective transfusion requests found in 100 requests and 369 had emergency request, and 451 didn't contain any information. 136 patients received single unit transfusion. 660 patients had 2 or more than 2 unit transfusion. During this 3 month period 20.3 units/day was bled at blood bank and in camps. 26.4 units/day issued to both IP and OP requests. 18.4 units/day was issued to IP requests. 450 requests from Department of Obstetrics and Gynecology (OBG dept), 735 requests had indication for ordering blood components there by Avoid misuse of blood components. In most cases, blood components released based on the demand of the ordering physician, despite the advice of the blood bank physician, were deemed as inappropriate transfusions.

Materials and Methods

This prospective study was conducted at RL Jalappa Hospital and research centre, attached to Sri Devaraj Urs medical college, tamaka, Kolar, India. It was done over a period of 3 months from November 2011 to January 2012. A prospective analysis of blood and its component requisitions in all patients from different clinical departments were reviewed regarding diagnosis, indication for transfusion, number of units requested and the specialty prescribing it. Reports of silent investigations like hemoglobin, platelet count, coagulogram were also recorded. Nature of component and their quantity used was correlated with disease indication for transfusion of a particular component using pre tested questionnaire.

Results

The present study was conducted upon 1694 episodes of transfusion units for different blood components over a period of 3 months from November 2011 to January 2012, out of total 1694 transfusion episodes in 920 requests for 796 patients. 124 patients had multiple requests. 208 males and 588 were females (Table1-4).
During the 3 month period 208 units of A positive, 288 units of B positive, 322 units of O positive, 41 units of AB positive were transfused for 920 requests. Of these, 2399 units were transfused for patients, 705 units were issued to other hospitals in and around kolar.

During this period, 20.3 units/day was bled at blood bank and in camps. 26.4 units/day was issued to both IP and OP requests. 18.4 units/day was issued to OP requests.

1873 units were donated during the 3 month period both indoor and in camps. 2399 units were issued from blood bank, 705 issued to other hospitals in and around kolar.

Out of 796 patients, 120 patients received 145 units of whole blood. Of these, 2399 units were issued from blood bank, 705 units were issued to other hospitals in and around kolar.

During this 3 month period 20.3 units/day was bled at blood bank and in camps. 26.4 units/day was issued to both IP and OP requests. 18.4 units/day was issued to OP requests.

450 requests from OBG dept, 113 requests from Surgery dept, 145 requests from medicine dept, 102 requests from ortho dept, 36 requests from pediatrics, 44 requests from ENT dept, 15 from cardiology and 15 from urology.

Out of the last one year 2011, 6433 units were bled at blood bank and camps. (3214 –BB, 3219 –Camps) 14.9 units/day was issued from blood bank to in patients (IP). 21.2 units/day was issued to both IP and OP patients. 18.4 units/day was bled at blood bank and camps.

During this period 3 HIV positive blood units, 13 units were HBs Ag positive, 10 units were Hepatitis C Virus (HCV) positive. During the last one year 9 HIV positive, 66 HBs Ag positive, 6 units were Hepatitis C Virus (HCV) positive.

Out of 136 patients, more of single unit transfusion occurred in medicine dept, followed by pediatrics, followed by surgery, (45, 35, 28, 18, and 10).

Out of 920 requests, 185 requests had no indication. The commonest indication in Medicine dept is chronic anemia 80% in surgery department pre operative and intraoperative transfusion for correction of acute blood loss due to trauma, chronic anemia. In OBG dept commonest indication is Post Partum Haemorrhage (PPH) and pre operative correction of anemia.

In ortho dept commonest indication is acute blood loss and pre operative correction anemia. In pediatrics main indication was anemia and exchange transfusion.

**Discussion**

Internal audits form an integral part of the quality control programme in any blood bank, like in any other organization [10,11]. Blood and blood products are considered drugs by the Food and Drug Administration (FDA). Indiscriminate Use of blood components is on a rise due to easy availability of sophisticated blood banking services. It is important for the blood bank to be able to fulfill the demand for this life saving product and at the same time, evaluate and access the existing trends of blood ordering. The importance of an internal audit and education programme emphasizing proper selection of blood components for patients and avoiding their overuse [12,13].

Therefore we tried to look into the transfusion practices in patients at a tertiary care hospital. As a fact the supply of blood and blood components are finite, a high rate of inappropriate use has been reported around the world. This inappropriate use of blood and its components have a significant impact on the patients and the hospital staff in the form of health care cost [14,15], wastage of resources, depriving more needy patients and transmission of infection with unnecessary allergic reaction leading to high mortality and morbidity in patients.

Other issues that must be addressed before a system of prospective monitoring can be introduced include exemption criteria. Some protocols exempt operating room patients, [6] “desperate situations” [14] and hematology and oncology patients [13]. Emergency situations are also usually exempted from the requirement for laboratory data if the laboratory cannot provide urgent results at all times. If the criteria
are to be applied to emergency situations, laboratory facilities must be available to provide the data quickly.

In some programs of prospective monitoring, blood products are never withheld, but apparently inappropriate transfusions are later reviewed [11,14]. Refusal to issue blood products leads to an adversarial relationship between clinicians and laboratory staff, which may compromise patient care. Refusal might also have medicolegal implications if subsequent patient morbidity or death could be attributed to withholding of the transfusion.

For sustained improvement in practice, prospective monitoring must be continued indefinitely [11,15]. This is both time consuming and demanding of staff. The demand might be lessened by computerized audit of transfusion requests; clinical and laboratory data could be entered into a program which flags non-compliant requests for review by blood bank staff.

Conclusion

In conclusion periodic review of blood component usage is very important to access the blood utilization pattern in any hospital and judicious implementation of guidelines for use of various blood components may help decrease their inappropriate use. This will ensure availability of components to needy patients and save many patients from transfusion related reactions also. Awareness and education among all those treating doctors and establishment of guidelines in wards and regular audit will prove a fruit full exercise to increase the appropriate use of blood and blood components to 100%.

References