

A GOOD DROP OF RED



Overnight Transfusions



An audit of practice

Best practice guidelines indicate that transfusion must only take place when it is appropriately resourced, i.e. enough trained staff are available to monitor the patient, where the patient can be observed and where emergency medical support is readily available.¹

BHS protocol stipulates that in the general ward areas non-urgent blood and blood product transfusions should only commence between 0800hrs and 2000hrs.

It is well recognized that overnight transfusions expose patients to unnecessary risk. There is less staff compared to daytime to monitor patients and manage complications, and darkness can obscure early detection of clinical problems. The patient receiving the transfusion is prevented from sleeping and may be less alert to recognizing adverse symptoms. Other patients sharing the room may also have their sleep disturbed.

Audits of overnight transfusions have been undertaken annually. The transfusion would be considered necessary and appropriate if:

- It occurred in ICU/HDU, Theatre, or ED where there are adequate staff overnight

- The patient is actively bleeding or in the perioperative period
- Admitted during the night with symptomatic anaemia
- The presence of comorbidities that may increase risk if NOT transfused

Unnecessary overnight transfusions would include:

- Hb level above 70g/L in the asymptomatic patient with no risk factors justifying urgent transfusion
- The unit(s) transfused overnight was the 2nd or 3rd unit prescribed for the transfusion episode and could have been withheld until after 0800hrs.

The last two audits were undertaken in July of 2013 and 2014. All blood that was signed out of the blood fridge after 2000hrs and before 0800hrs was included.

Unnecessary Overnight Transfusions		
	Number of Patients Transfused Overnight	% of Unnecessary Transfusions
July 2013	37	49%
July 2014	25	20%

Although there has been a marked decrease in the number of unnecessary overnight transfusions there is still room for improvement.

The chair and clinical lead of the Blood and Blood Governance Group wish to bring this to the attention of all staff and ask that a concerted effort is made to **administer blood overnight in the general ward areas only when the patient will be at risk if blood transfusion is withheld until the morning.**

A repeat audit shall be conducted in November. With the help of all clinical staff our aim is to continue to decrease unnecessary overnight transfusions in the general ward areas.



References:

¹ Australian and New Zealand Society of Blood Transfusion Ltd and Royal College of Nursing Australia *Guidelines for the administration of blood products 2nd edition, 2011*

