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Original Article

UK CELL SALVAGE ACTION GROUP

Update on the UK Cell Salvage Action Group Autologous Transfusion Label

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Introduction

UK and International guidelines for autologous blood transfusion state that autologous blood should be clearly labelled with the patient's details to help avoid administration errors. Despite this guidance, routine labelling of autologous blood from Intra and Postoperative Cell Salvage (ICS and PCS) is not standard practice in the UK. A recent report to SHOT (Serious Hazards of Transfusion) of wrong blood, wrong patient involving unlabelled PCS blood reinforces the need for labelling of autologous blood (Figure 1.)

SERIOUS HAZARDS OF TRANSFUSION **SHOT**

Case 1
Lack of patient identifiers on cell salvaged units
Two patients had undergone a total hip replacement (THR) and both were having postoperative cell salvage. The patients had units 'spiked' at the same time and both patients had rigors, temperature increase and vomiting within 15 minutes of the start of the unit. The reporter could not rule out the units were transposed as in both cases the drains were removed from the patient and taken to a treatment room to be primed through the giving set.

Learning point

- All cell salvaged units should be labelled with the patient core identifiers to reduce the risk of error on reinfusion. The autologous transfusion label has been designed by the UK Cell Salvage Action Group and supplied by the manufacturers to allow these criteria to be met.

Figure 1. Extract from the SHOT Report 2010.

Method

To help address this issue, in 2008, the UK Cell Salvage Action Group (UKCSAG) piloted the use of an autologous transfusion label with the intention that, if successful, it would be rolled out throughout the UK. The pilot labels were available to all UK hospitals using ICS from their respective machine manufacturer. Towards the end of the pilot phase, the labels were also made available to a selected number of hospitals for use in PCS. At the conclusion of the pilot, a feedback questionnaire was sent to hospitals via the UKCSAG contacts network. Hospitals were asked to provide feedback which would inform a review of the label prior to national roll out.

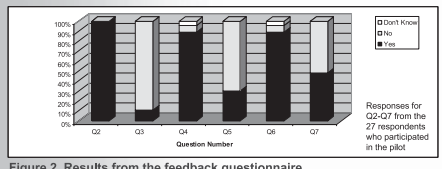


Figure 2. Results from the feedback questionnaire.

The feedback questionnaire questions were:

Q1. Did your organisation participate in the autologous label pilot?
Q2. Was the label easy to use?
Q3. Did you experience any problems using the label?
Q4. Did the label meet the requirements for labelling autologous blood as outlined in your Organisation's ICS Policy?
Q5. Are there specific changes you would like to see included in the revised version of the label?
Q6. Would you like the label to be made permanently available?
Q7. Did you receive the training materials (PowerPoint presentation and poster) and letter of explanation to accompany the labels?

Results

Of the 42 respondents, 27 (64%) had used the label during the pilot. Of the 15 respondents who did not participate, 8 (53%), had not been aware of its availability, 2 (13%) were already using an alternative label and 5 (33%) did not state why they had not participated. Of the remaining questions (Q2-Q7), all 27 (100%) respondents who had taken part in the pilot answered all of the questions (Figure 2). 8 (30%) respondents to Q4 stated they would like to see specific changes to the label e.g. include a space for a signature for pre-transfusion check, add a version number and make the whole label adhesive. 24 (89%) of respondents stated they would like to see the label made permanently available and 11 additional comments were also received.

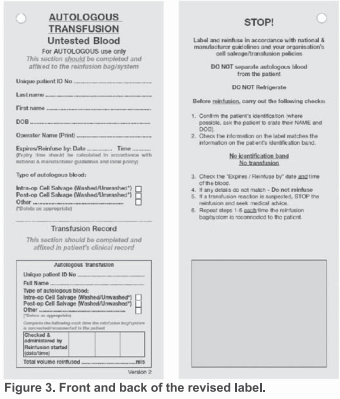


Figure 3. Front and back of the revised label.

Conclusion

Of particular concern from the feedback were comments from several hospitals stating they felt the labels were unnecessary in their organisation as autologous blood is generally reinfused prior to the patient leaving theatre. This reflects the continued need to ensure hospitals are aware of both UK and International guidelines for cell salvage as this practice is contrary to these guidelines.

A review of the label was undertaken based on the feedback received from the pilot questionnaire. The revised label (Figure 3) was signed off by the UKCSAG members. Consultation with the UK ICS and PCS manufacturers was undertaken to establish their continued support for the ongoing purchase and distribution of the labels to their customers.

The label has been available in the UK since January 2011 at no cost to organisations and hospitals should contact their cell salvage manufacturers for supply of the labels.

This poster was presented at BBTS British Blood Transfusion Society 2011.

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