## Haematology audit template

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| Date of completion  | (To be inserted when completed) |
| Name of lead author/participants | (To be inserted) |
| Specialty | Haematology |
| Title | **An audit of compliance with the revised BSH guideline on investigation and management of acute transfusion reactions** |
| Background | The BSH has published revised guidance on the investigation and management of acute transfusion reactions. This audit will review compliance with some of the level 1 recommendations made. |
| Aim & objectives | This audit template is a tool to determine whether:* transfusion reactions are being managed in an appropriate way
* investigations are being performed appropriately
* reactions are being reported locally and nationally.
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| Standards & criteria | If the target is not achieved, there should be documentation in the case notes that explains the variance. Target is 100% for all criteria (noting that for a number of criteria, a negative result – e.g. test not performed – is the desired outcome).Patients experiencing transfusion reactions should be managed and investigated in a way appropriate to the reaction type and severity.**Febrile reactions**1. Transfusion should not be discontinued completely for a mild febrile reaction.2. Patients experiencing moderate or severe febrile reactions should be assessed medically.3. In severe febrile reactions or sustained moderate reactions, implicated units should be returned to the laboratory.4. In severe febrile reactions or sustained moderate reactions, repeat compatibility testing should be performed.5. Patients experiencing febrile reactions with no allergic features should not be given antihistamine or corticosteroids.**Allergic reactions**6. Transfusion should not be discontinued completely for a mild allergic reaction.7. Patients experiencing moderate or severe allergic reactions should be assessed medically.8. In a transfusion reaction with only allergic features, repeat compatibility testing should not be performed.**Respiratory reactions**9. Patients developing new respiratory symptoms during transfusion should be assessed medically.10. In patients with new respiratory symptoms during transfusion, a diagnosis should be established after medical assessment.**Reporting**11. All transfusion reactions, except mild febrile or allergic reactions, should be reviewed within the hospital by the transfusion team.12. All transfusion reactions, except mild febrile or allergic reactions, should be reported to the appropriate regulatory and haemovigilance organisations. |
| Method | **Sample selection:**All transfusion reactions reported to the transfusion team within a defined period.**Data to be collected on proforma (see below).**Complete section (a), (b) or (c) as appropriate to the reaction type, and section (d) for any moderate or severe reaction. |
| Results | (To be completed by the author)The results of this audit show the following compliance with the standards.

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| Investigation | No. audited | No. compliant | % compliance |
| (a) Febrile reactions |
| Transfusion should not be discontinued completely for a mild febrile reaction |  |  |  |
| Patients experiencing moderate or severe febrile reactions should be assessed medically |  |  |  |
| In severe febrile reactions or sustained moderate reactions, implicated units should be returned to the laboratory |  |  |  |
| In severe febrile reactions or sustained moderate reactions, repeat compatibility testing should be performed |  |  |  |
| Patients experiencing febrile reactions with no allergic features should not be given antihistamine or corticosteroids |  |  |  |
| (b) Allergic reactions |
| Transfusion should not be discontinued completely for a mild allergic reaction |  |  |  |
| Patients experiencing moderate or severe allergic reactions should be assessed medically |  |  |  |
| In a transfusion reaction with only allergic features, repeat compatibility testing should not be performed |  |  |  |
| (c) Respiratory reactions |
| Patients developing new respiratory symptoms during transfusion should be assessed medically |  |  |  |
| In patients with new respiratory symptoms during transfusion, a diagnosis should be established after medical assessment |  |  |  |
| (d) Reporting (all moderate/severe reactions) |
| All transfusion reactions, except mild febrile or allergic reactions, should be reviewed within the hospital by the transfusion team |  |  |  |
| All transfusion reactions, except mild febrile or allergic reactions, should be reported to the appropriate regulatory and haemovigilance organisations |  |  |  |

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| Conclusion | (To be completed by the author) |
| Recommend-ations for improvement | Present the result with recommendations, actions and responsibilities for action and a timescale for implementation. Assign a person(s) responsible to do the work within a timeframe. |
| Action plan | (To be completed by the author – see attached action plan proforma) |
| Re-audit date | (To be completed by the author) |
| Reference | Soutar R, McSporran W, Tomlinson T, Booth C, Grey S. Guideline on the investigation and management of acute transfusion reactions. *Br J Haematol* 2023;201:832–844.  |

## Data collection proforma for patients with acute transfusion reactions

## Audit reviewing practice

Unit number(s)

Date of transfusion:

(Note: a separate form should be completed for each transfusion episode.)

**Given to:**

Patient name:

Hospital number:

Date of birth:

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| Standard | **1****Yes**  | **2****No** | **3** If shaded box not ticked, was there documentation to explain the variance?**Yes/No** plus free-text comment | **4** Compliant with guideline if shaded box ticked or an appropriate explanation from column 3. **Yes/No**(Record if standard not applicable) |
| **For patients experiencing a febrile reaction** |
| **1**  *Where a mild transfusion reaction occurred:* transfusion was not discontinued completely |  |  |  |  |
| **2**  *Where a moderate or severe transfusion reaction occurred:* patient was assessed medically |  |  |  |  |
| **3**  *Where a severe transfusion reaction occurred, or sustained moderate symptoms:* implicated units were returned to the laboratory |  |  |  |  |
| **4** *Where a severe transfusion reaction occurred, or sustained moderate symptoms:* repeat compatibility testing was performed |  |  |  |  |
| **5** *Where there were no allergic features:* patient was not given antihistamine or corticosteroids |  |  |  |  |
| **For patients experiencing an allergic reaction** |
| **6** *Where a mild transfusion reaction occurred:* transfusion was not discontinued completely |  |  |  |  |
| **7** *Where a moderate or severe transfusion reaction occurred:* patient was assessed medically |  |  |  |  |
| **8** *Where there were only allergic features:* repeat compatibility testing was not performed |  |  |  |  |
| **For patients experiencing a respiratory reaction** |
| **9** Patient was assessed medically |  |  |  |  |
| **10** A diagnosis was established after medical assessment |  |  |  |  |
| **For all moderate or severe reactions** |
| **11** Review was carried out by the hospital transfusion team |  |  |  |  |
| **12** Reaction was reported to the appropriate regulatory and haemovigilance organisations |  |  |  |  |

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| **Audit action plan** An audit of compliance with the BSH guideline on investigation and management of acute transfusion reactions |
| Audit recommendation | Objective | Action | Timescale | Barriers and constraints | Outcome | Monitoring |
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