

# **Blood management**

Basics of Blood Transfusion for IV. grade medical students

Dr. Csernus Zita National Blood Transfusion Service Regional Blood Transfusion Centre Pécs 2013

# The basic principles of transfusion:

HOW to transfuse?

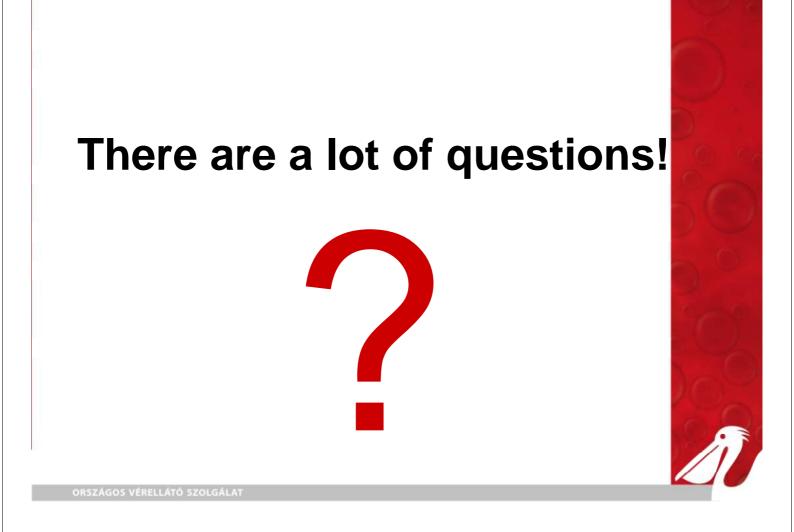
Blood cannot be manufactured – it can only come from generous donors.

The blood availability is limited and there are many risk of blood transfusion.

#### 1 never unnecessarily

- 2 if there is an appropriate indication
- 3 only the necessary blood components
- 4 effective amount of component

# 5 with prudent blood management









**Indication and blood** 

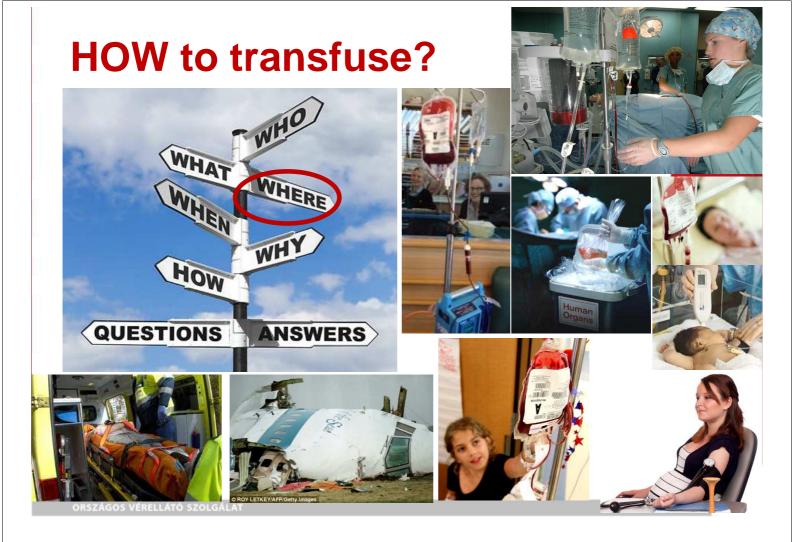
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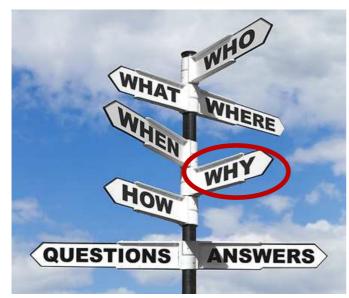
physician's

responsibility



Medical Histor





- 1. Restore and maintain the volume of circulating blood
- 2. Support of cellular components or plasma (clotting factors)
- 3. Exchange transfusion for adults and babies
- 4. Stem cell transplantation









Blood transfusion is not possible without blood.

No blood without blood donors.

Compatible and sufficient quality and quantity of blood component is needed.





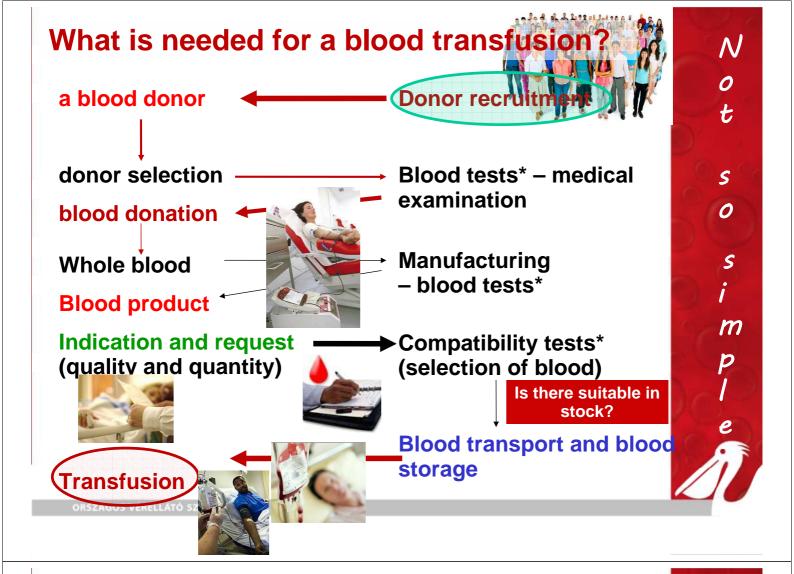
Blood

Donors

It is the shared responsibility of the blood banks and all health care workers to maintain responsible

# **blood** inventory management

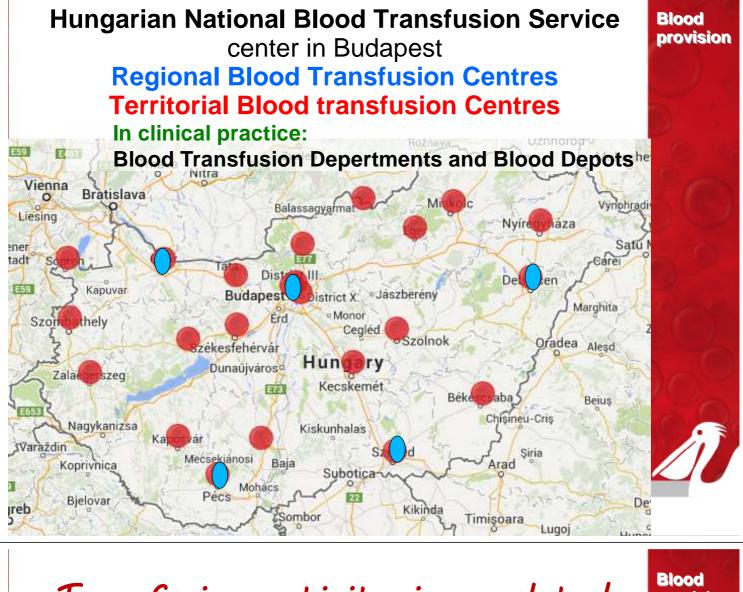




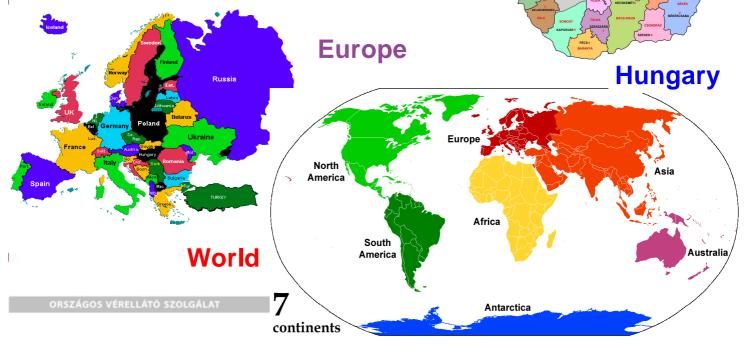
**Blood donation process in Hungary** 

**Blood product** assurance

- problems ?
- solutions



Transfusion activity is regulated provision at the level of Ministerial Decree in Hungary Transfusion Guidelines



# **Transfusion Medicine**

## **Preparative transfusiology**

donor recruitment (suitability, tests)

blood product manufacturing (preparation, storage, issue, transportation)

## **Clinical transfusiology**

immunohaematology (patient and pregnant serology)

platelet serology

transplantation serology (HLA tests)

**transfusion therapy in clinical practice** (transportation, storage, blood sampling, administration, dokumentation)

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#### **Blood organisation in Hungary**

## 1. Blood donor recruitment

The blood donor recruitment and retention and organization of blood donation is the responsibility of NBTS together with Hungarian Red Cross.



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Hungarian Red Cross

AGY







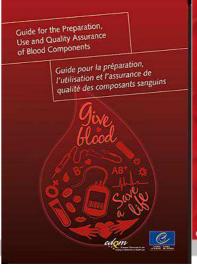


## **Principles**



# Blood donation is voluntary and unpaid

Process of blood donation and blood preparation is **regulated according to European standards**.



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2. Blood donation Who can give blood?

- O Age: 18 60 (65 years)
- o Weight: 50 kg
- o Beeing in good health
- Frequency of blood donations / year

5 times man

3 4times woman

Time between donations minimum 56 days



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## **Donor selection**



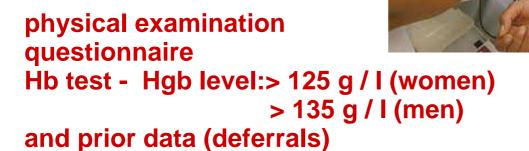
Blood donation shoudn't harm the donor and the transfused blood products shouldn't harm the recipient.





## Suitability for blood donation

On the basis of



the doctor decides whether the person may donate blood.

Blood group check occur due to a control system.

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#### **Outside the Blood Bank**











## **Blood processing**



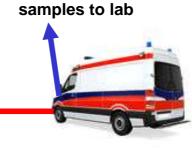


450 ml whole blood donation

2 blood samples for the blood group and virus tests

#### **Blood collection, transportation**





blood to BloodT Centres



#### **Donor blood testing**

First, the blood is carefully investigated for transfusion transmitted infections to prevent transmission.



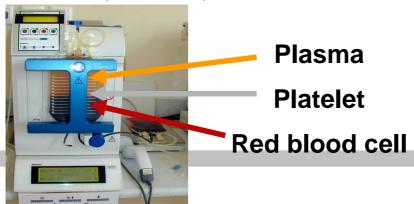
Blood samples are sent to the central laboratory - tests:

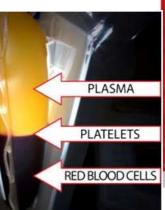
# Hepatitis B, Hepatitis C, HIV 1/2 and syphilis

Blood grouping (ABO, Rh, Kell)

Manufacturing The collected blood is processed and stored in the regional blood banks.

Three blood products are produced from the whole blood.







Blood products are delivered to the small blood banks or directly to the





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Preparation of the filtered blood should be done within 48 hours from donation.





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#### In many cases patients need fresh blood products.

The daily blood donations number is planned in advance, on the basis of a year plan. Not only the number of units of blood is important, but also the temporal distribution of the blood donations!

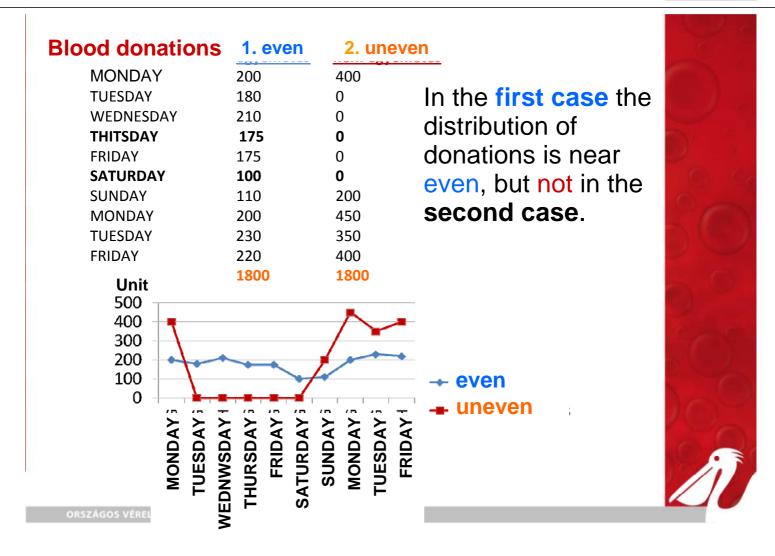


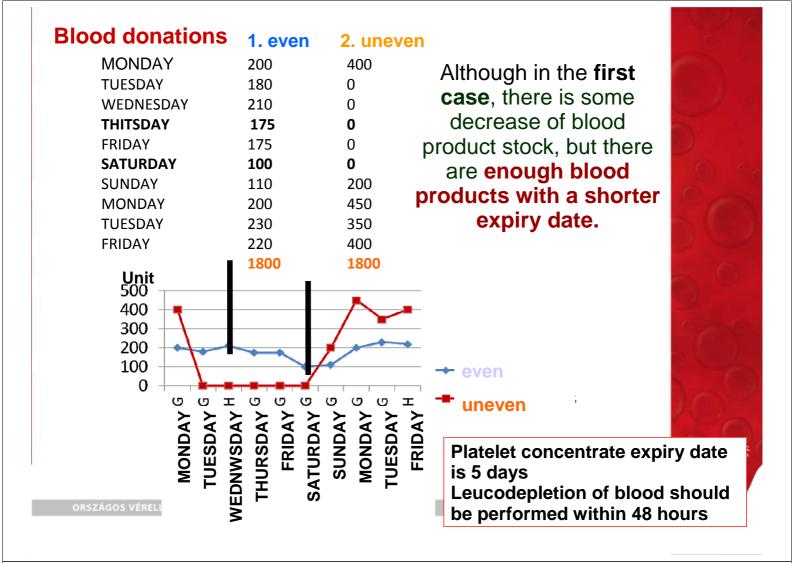


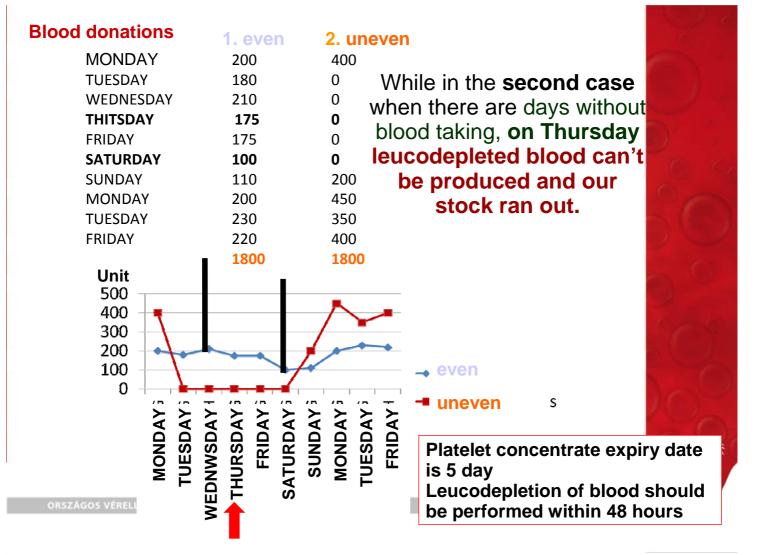
It should be taken care of that the number of blood donations should be evenly distributed within a given period for the continuous blood provision.

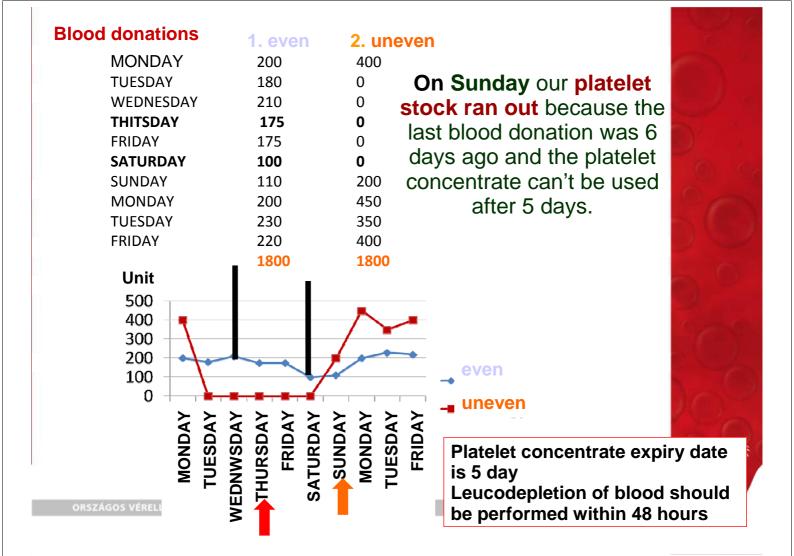
# What does it mean?

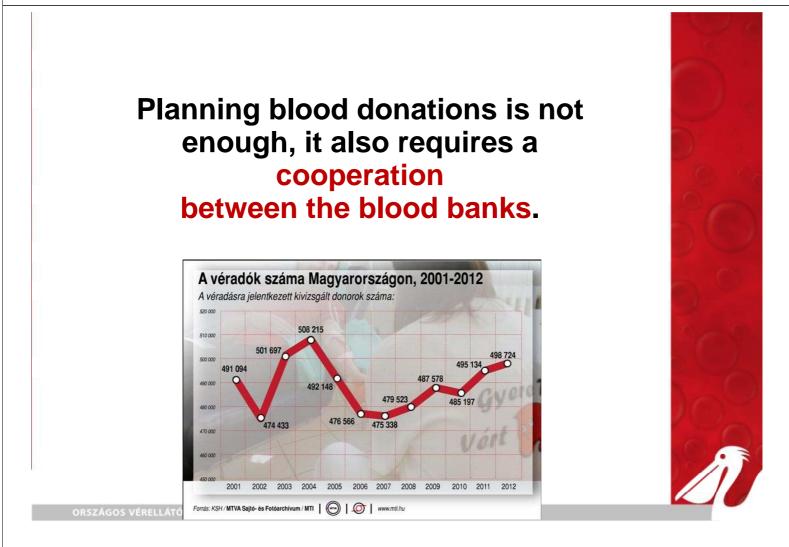
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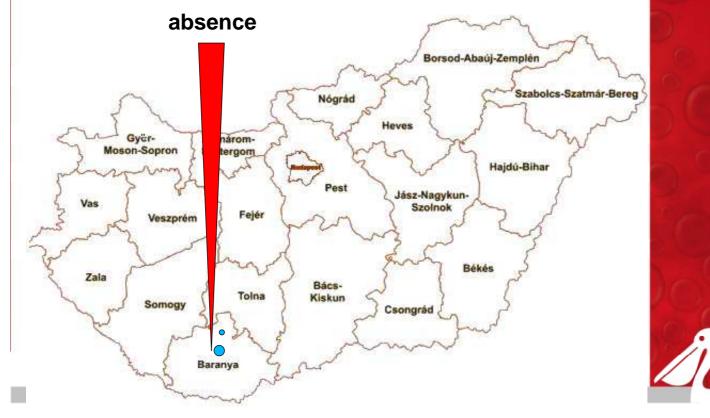






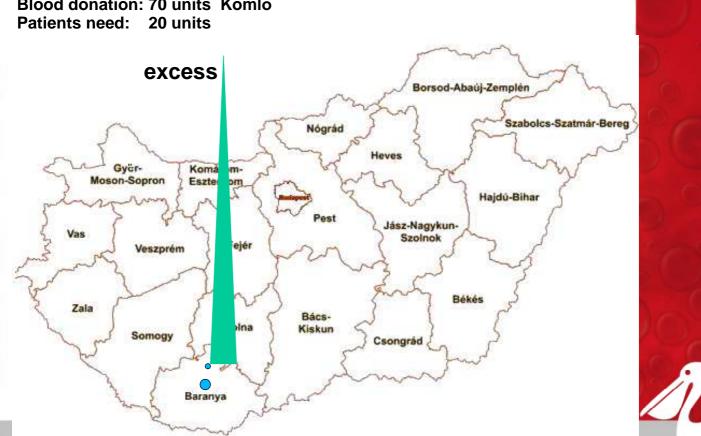
#### **Blood donation distribution**

Number of blood donations Blood donation: 120 units Pécs Patients need: 180 units

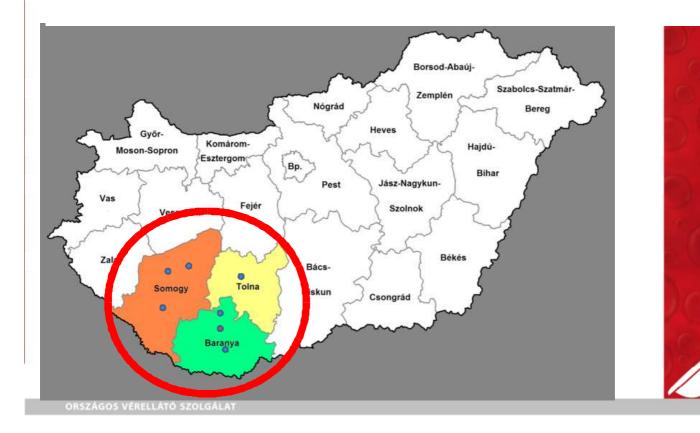


#### Number of blood donations Blood donation: 70 units Komló

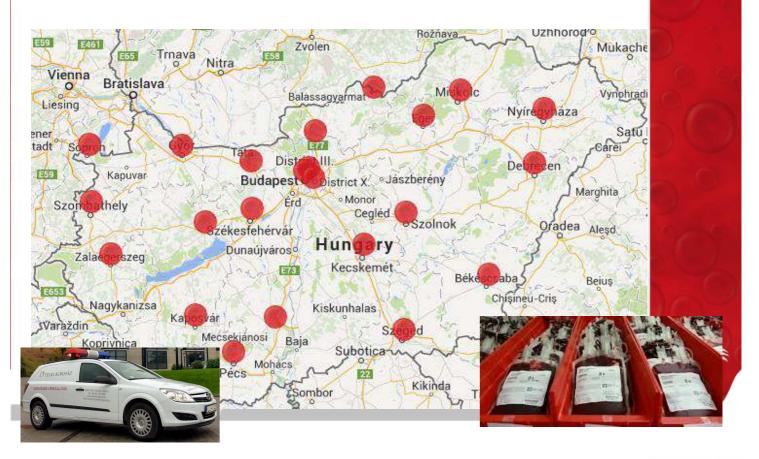
**Blood donation distribution** 

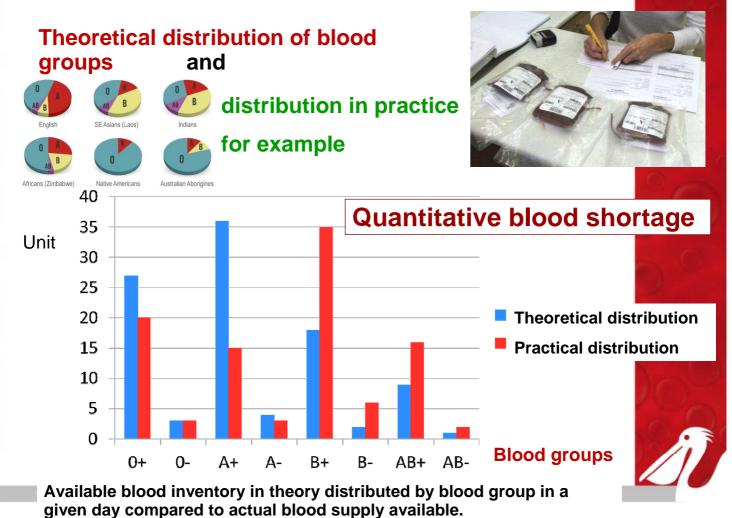


The blood banks in the region are to meet the demand of hospitals for blood in cooperation.



# The blood products can also be redistributed within the country, if there is a sever shortage of blood somewhere.





Quantity of A+ is less, the B+ is more than theoretically expected.

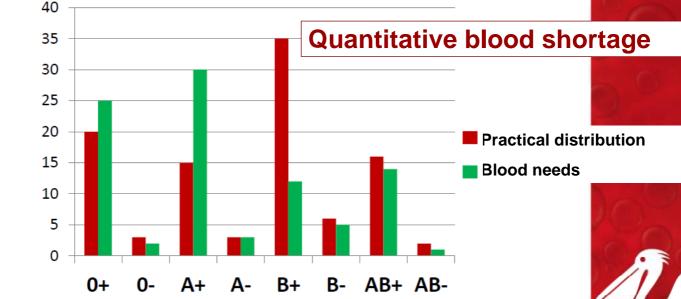


Number of requested units of blood

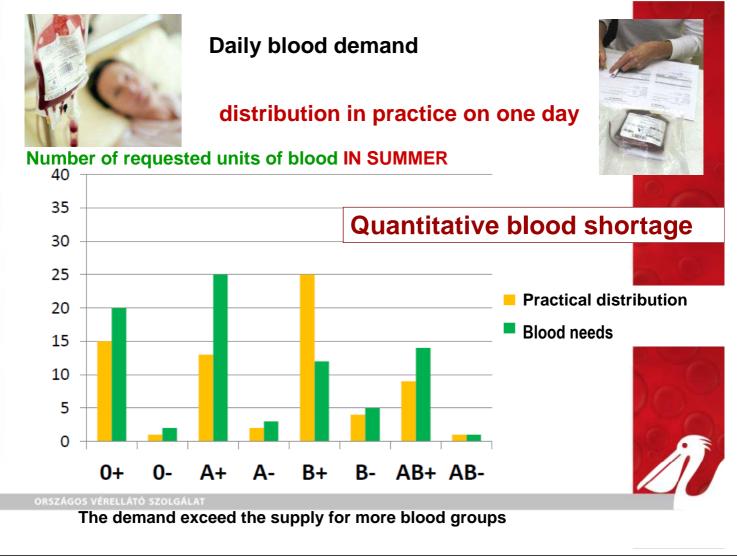
#### Daily blood demand

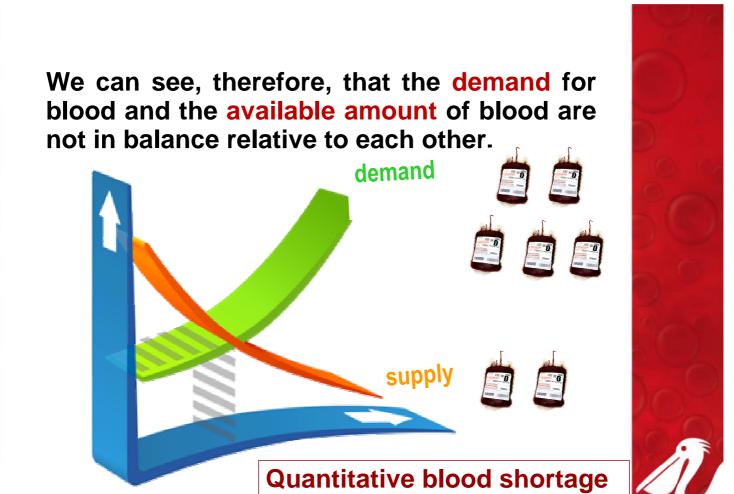
distribution in practice on one day





Blood needs are met by available inventory excluding the A+ and O+ blood group. Here the demand exceeds the stock.





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#### **Qualitative blood shortage** Despite the good plan and wel organized blood donation and donor recruitment it could be possible that the requested blood FROM THE GIVEN BLOOD GROUP → IN SUFFICIENT QUANTITY is not available for disposal. e.g. O RhD positive C negative e negative Kell negative or

What could be the reasons for it?

A RhD positive E negative Fya negative, Jka negative

Who can do something about it?

What are the solutions to this problem?

Cooperation of Hospitals and the blood banks is necessary for the solution of the problem.

Why?

# **Causes of blood shortage:**

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## Number of blood donors decreases

People's attitude to blood donation has changed. (Young people!) They are less willing to selflessly help others.
Others would like to help, but are hampered by external circumstances in mind. (changes in working conditions)

- The aging of society is an enormous problem.
- Health status of the people is generally worse.
- The average age of the blood donors is getting higher.
- The number of blood donors is seasonally different.
- There are local differences between town and country.



Less blood could be used than the number of applying donors.

• Some of the blood donors will not be able to give blood due to current health or other problems.

• 1-2% of expected donors turn out even based on questionary answeres that they are not suitable for blood donation.

• Based of medical examination 12-14% of expected donors are deferred from blood donation.

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Less blood could be used than the number of applying donors.

• A portion of the collected blood can not be used because of their virus reactive test or any technical reason.





### **Donor defferals**

## Reasons of donor deferral are regulated

Blood donation shoudn't harm the donor and the transfused blood products should'nt harm the recipient.

The most common cause of donor deferral is • anaemia

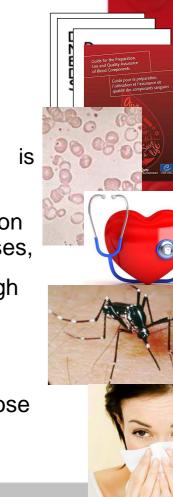
in**• some diseases and conditions** blood donation can be dangerous (eg. heart disease) In other cases,

 a risk of pathogen transmission exists through blood products. (e.g. Tick bite, staying abroad)
 Questionnaire!

For immunosuppressed patients it may be harmful • other pathogens such as sore throat, runny nose

#### Only a healthy person could donate blood!

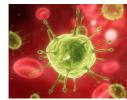
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## **Donor defferals**

The greatest risk are the pathogens that are transmitted through blood and sexual contact.





Hepatitis B



Hepatitis C



The risk of transmitting the virus is always in the blood preparations, because the sensitivity of the virus tests is never 100 %. Window period!

Risk factors: Tattoos, IV drug usage

It is important that from people with such a risk blood shouldn't be collected.

Highly important is that the blood donor **answers** honestly to the questionnaire and knows the consequences of the questions.

An important cornerstone of **blood safety** is the **VOLUNTARY AND UNPAID NATURE OF BLOOD DONATION** 

because of the donor is **financially interested** in the donation he/she would not fill the questionnaire truthfully.

He/she would **not confess the truth** about its risk factors not to be deferred from blood donation.



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# Summary of the donor and blood wastage

#### Reasons

- 1-2% of expected donors turn out even based on questionary answeres that they are not suitable for blood donation.
- Based on medical examination 12-14% of expected donors are deferred from blood donation.
- Due to the non-negative results of virus test 1-2% of the collected blood is retired.
- For technical reasons 0.5% of the blood is lost.

# 14,5 – 18,5% !

### What solutions are available? Increase the supply

#### **Blood Banks – confirm the donor recruitment**

longer opening times of the blood banks
blood donations in new places (eg. in factories, cultural centers, schools events on the weekend, in a tent or in a truck)

It is important to **convince** the employer and the (future) blood donors **of the importance of blood donation.** 

It is imperative **to move** in the **next** few years **young people** in large numbers to donate blood.

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Blood Donoi

#### **Increase the supply**

**Convincing** of the people of the importance blood donation, **especially the young!** 



# Do you know who receives the red cells you donate?







Photo: Korean Red Cross Blood Services



Date of hirth

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Összes letőltés megjelenítése… ×

Check here 🕨

**Increase the supply** 

## In an emergency we call blood donors to donate blood



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0.



Basically they should understand that the available amount of blood must be divided responsibly TOGETHER with the blood bank.

#### **Decrease the demand**

Blood requirement limiting, strict assessment Planning transfusion, planning operations Decreasing blood wastage

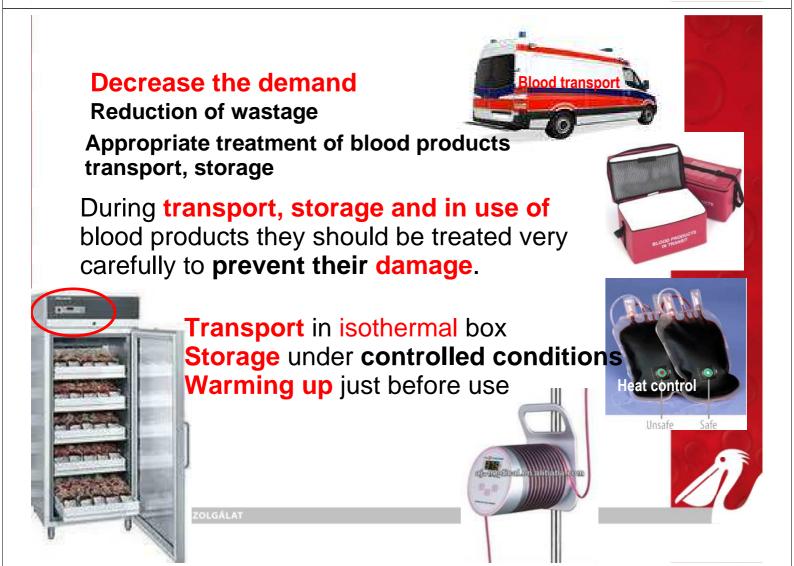
After **reasonable indication** one should note the following: laboratory findings, condition and

underlying disease state of the patient.

Appropriate amount of blood should be administered, but not wastefully!

You should preorder the blood if the patient needs a large quantity of blood, especially in case of rare blood groups

and cooperate in solving transportation issues.



#### **Decrease the demand**

#### Organization of donated blood at the bedside

This is especially helpful in case of patients with a rare blood group, because it is more likely that this blood type occurs in the family.

A good opporunity for the clinician to contribute to the increase of blood supply



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The relatives of patients requiring blood are usually more helpful with blood donation.

#### **Decrease the demand**

#### Autotransfusion

An operation must not be necessarily use of a large amount of allogenic blood.

In case of certain groups of patients, there is the possibility of **removal of own blood** (for example hip implant)



In this cases in one week intervals prior to surgery maximum 3 U of blood is taken from the patient, which is then returned during surgery.



#### **Decrease the demand**

Decrease the blood loss In surgery

Cornerstone of a surgery with little blood loss is the prudent surgical operation technique.

There are methods that are used during or after surgery, that collects the patient's own blood and after specific treatment the patient's own blood is given back.



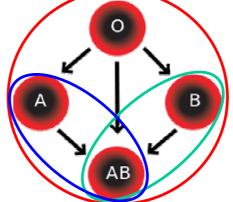
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#### **Decrease the demand**

Transfusion with ABO compatible blood products in case of tight blood supply

In the acute case, two units of O blood could be given to any patient if RBCs are resuspended in

nutritive solution without washing.

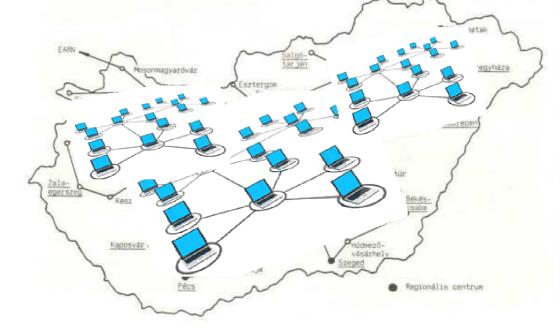


Cooperating in the classification of patients according to urgency

Acceptance of compatible blood

#### **Donor and patient safety**

Blood banks in Hungary are interconnected by a computer system, the database of the donors and the patients in the whole country can be reached.



The connection of the hospitals and the blood banks computer network is under way, which greitly facilitates the joint management of blood products.

# **HOW to transfuse?**



- 1. RBC min. 70g/I Hb
- 2. PLT minimum 5x10<sup>11</sup>/I

3. FFP is generally indicated for prophylactic use only when the PT or PTT is 1.5 times the midpoint of normal or higher.

# Clinical signes of hypoxia or bleeding

Acute or chronic ?





In the appropriate rate corresponding to clinical conditions

Heated blood to 37°C if necessary

What can be planned should be preordered

Use blood-saving methods and techniques

Consider indication and risks of blood transfusion

ORSZAGOS VÉRE Never use blood unnecessarily!

# Thank you for your attention!



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