KEY POINTS TO COVER

TYPE OF BLOOD PRODUCT

- Packed Red Blood Cells
- Platelets
- FFP: fresh frozen plasma
- Cryoprecipitate: thawed / centrifuged FFP
- Granulocytes

INDICATION FOR TRANSFUSION

Anaemia
- Massive haemorrhage: Surgery / Trauma
- Pre-surgical optimisation
- Iron deficiency / Haemoglobinopathies
- Post Chemotherapy / Stem cell transplant

Abnormal clotting / bleeding:
- Congenital
- Post multiple transfusions / fluid resuscitation
- Anti-coagulation

Neutropenia:
- Congenital
- Post-chemotherapy / stem cell transplant

INTENDED BENEFITS OF TRANSFUSION

Packed Red Blood Cells:
- Symptom relief from anaemia
- Improved outcome/survival post surgery
- Replace lost blood

Platelets / FFP / Cryoprecipitate:
- Better clotting function, less bleeding

Granulocytes:
- Improved immune system / less susceptibility to infections

RISKS OF TRANSFUSION

Common
- Febrile reaction: <1 in 100
- Flushing / Pruritis / Rash

Serious:
- Post transfusion purpura
- ~1 in 7000 for Acute Transfusion reaction:
  - Haemolytic
  - Anaphylaxis
  - Circulatory overload
  - Transfusion associated acute lung injury (TACO)
  - Transfusion related acute lung injury (TRALI)
- Transfusion transmitted infection:
  - <1 in 1.2 million for Hep B infection
  - <1 in 28 million for Hep C
  - <1 in 7 million for HIV
  - ~0 risk HTVL (Human T-Lymphotropic Virus)
  - Bacterial risk (40 cases in UK 1996-2012)
  - Theorectical risk vCJD (4 cases in UK pre 1999)

IMPLICATIONS OF HAVING TRANSFUSION

Unless patient has received their own blood product in a transfusion, they cannot donate again

POSSIBLE ALTERNATIVES TO TRANSFUSION

Anaemia:
- Cell salvage (intraoperative):
  - Surgery specific
- Iron infusions for Iron deficiency anaemia:
  - Slow response
- EPO (Erythropoetin):
  - Can be used for CKD induced anaemia
  - Specialist use in blood disorders

For further information on gaining consent
See linked document **Capacity and Consent**