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PREOPERATIVE BLOOD ORDERING IN PAEDIATRIC PATIENTS

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Introduction and aims:

NHS BT offer participation in national comparative audits (NCAs) to hospitals served by the blood services, looking at usage of blood products. The aim of these audits are to ensure blood is being used safely and appropriately, as well as highlighting deviations in practice to the possible detriment of patient care. Local audits have shown there is a range of practice in identification and management of children with preoperative anaemia. We believe there are opportunities to conserve blood and reduce the number of unnecessary transfusions in children undergoing elective surgery.

In adult practice, perioperative blood ordering is determined by national guidelines¹, however in paediatric practice, no such guidelines exist.

We aim to determine current practice and availability of written guidelines with regards to preoperative blood ordering in children by surveying tertiary centres who undertake elective paediatric surgery indicating which procedures warrant a child having blood taken for group and save (GS) with or without cross match (XM).

This national survey will inform the design of the NHS BT "Patient NCA Blood Management in Elective Paediatric Surgical Patients" and go towards producing national guidelines for blood ordering.

Methods:

An email was sent to perioperative leads of tertiary paediatric hospitals in the UK requesting information about guidelines for elective preoperative blood ordering. Guidelines were compared on the basis of operative procedure and whether GS with or without cross match was routinely requested and entered into a spreadsheet. Centres were then compared to identify similarities and differences in procedure.

Results:

Of 20 tertiary centres surveyed, 13 responses were received. 4 (31%) had no formal guidelines, 1 centre only had formal guidelines for orthopaedics. As expected, results highlighted different practice in the requesting of GS and XM in children undergoing elective surgery. In some cases, some centres were not requesting a GS where as others were XM 2 units for the same procedure.

Discussion and Conclusion:

Currently there's a wide range of practice regarding preoperative blood ordering. As a result of this survey we have identified six procedures that are carried out in several centres where blood ordering differs – femoral/pelvic osteotomy, hip reconstruction, scoliosis surgery, craniotomy, nephrectomy and cranosynostosis surgery. There maybe multiple reasons for the differences; out of date guidelines, differing surgical practice, differing complexity of surgery and patients. The NCA will sample children undergoing these procedures to compare practice against published guidelines and feedback to participating sites on opportunities for improvement. We hope the results of this

audit will lead to the creation of national guidelines for GS and XM for children undergoing these surgeries. Reducing the amount of blood unnecessarily crossmatched will also help national blood stocks and reduce financial costs.

Reference:

1. The PBM in Elective Surgery Working Group, on behalf of the National Comparative Audit in Blood Transfusion (NCABT) Steering Group. The 2016 Patient Blood Management in adults undergoing elective, scheduled surgery (2017)