



46703

Patient Blood Management Audit Tool

AFFIX PATIENT LABEL

SCH PATIENT NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

SEX

NHS NUMBER.....

PLEASE COMPLETE THIS FORM AND FILE IN THE PATIENTS EPISODE FILE

Pre-operative Information:

What is the planned procedure? _____

Comorbidities _____

Weight: _____ kg Crossmatch _____ units: Adult or Pedi packs Group & Save

<input type="checkbox"/> FBC at Booking	__ / __ / __	HB _____ g/L Iron Deficiency on Red Cell indices <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Iron Prescribed Preop	__ / __ / __	By <input type="checkbox"/> SCH <input type="checkbox"/> GP Dose _____ Frequency _____
<input type="checkbox"/> FBC at Preop visit	__ / __ / __	HB _____ g/L Iron Deficiency on Red Cell indices <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Haematinics available	__ / __ / __	Ferritin _____ µg/L ZPP _____ µmol/mol
Family informed of the possible need for transfusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Information leaflet given? <input type="checkbox"/> Yes <input type="checkbox"/> No

Intra-operative Information: Date of Procedure __ / __ / __

<input type="checkbox"/> Tranexamic acid	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ mg/kg Bolus _____ mg/kg Infusion
<input type="checkbox"/> Cell Salvage	Collection <input type="checkbox"/> No <input type="checkbox"/> Yes Processed <input type="checkbox"/> No <input type="checkbox"/> Yes Amount transfused _____ ml <input type="checkbox"/> Not available on the day of surgery (in use or lack of trained staff) <input type="checkbox"/> Anticipated blood loss too low: Procedure or child's weight <input type="checkbox"/> Not considered in this procedure because of contraindication
<input type="checkbox"/> Intra-operative allogenic transfusion	Amount _____ ml
<input type="checkbox"/> Appropriate reason for transfusion documented	<input type="checkbox"/> Ongoing blood loss <input type="checkbox"/> HB < 70 <input type="checkbox"/> Clinically Symptomatic
<input type="checkbox"/> Lowest HB intra-operatively	HB _____ g/L



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Post-operative Information:

<input type="checkbox"/> Post-operative allogenic Red cell transfusion	Amount _____ ml
<input type="checkbox"/> Appropriate reason for transfusion documented	<input type="checkbox"/> Ongoing blood loss <input type="checkbox"/> HB < 70 <input type="checkbox"/> Clinically Symptomatic
<input type="checkbox"/> Lowest HB measured Post-operatively	HB _____ g/L Post-operative Anaemia due to blood loss? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Iron Prescribed Post operatively?	By <input type="checkbox"/> SCH <input type="checkbox"/> GP Dose _____ Frequency _____

Haemoglobin Reference Ranges:

Age	Normal Haemoglobin g/L
0 – 7 days	149 - 237
7 – 14 days	134 - 198
14 – 28 days	120 - 160
28 days – 9 weeks	94 - 130
9 weeks – 6 months	100 - 130
6 – 11 months	113 - 141
11 months – 5 years	115 - 135
5 years – 11 years	115 - 155
11 years – 12years	120 -160
12 years – 18 year (Girls)	120- 160
12 years – 18 years (Boys)	130 -160

Suggested Oral iron dosing:

Sodium Feredetate (Sytron) Liquid:

- 0-1 year 2.5ml 2 times a day
- 1-4 years 2.5ml 2 times a day (Instead of 3 times to increase compliance)
- 5-11 years 5ml 2 times a day (Instead of 3 times to increase compliance)
- 12-17 years 5ml gradually increased to 10 ml 2 times a day

Ferrous Sulphate (tablets):

6-18 years one 200mg tablet 2 times per day
Iron preparations are best absorbed on an empty stomach, they can be given after food to reduce gastro-intestinal side-effects.

The haemoglobin concentration should rise by 1 - 2g/litre per day. Treatment should be continued for a further 3 months after HB has normalised to replenish iron stores.