

Paediatric Cases - Previous Recommendations

Year first made	Action	Recommendation
2013	Hospital Transfusion Laboratories, Hospital Transfusion Teams	Laboratory information technology (IT) systems should be set up so that they are able to automatically flag up age-related specific requirements such as the need for imported pathogen-inactivated plasma for patients born on or after 1st January 1996
2012	Hospital Transfusion Teams, British Maternal and Fetal Medicine Society	Hospital transfusion teams and clinical specialists should review local protocols and communication pathways for emergency provision of blood for fetal and neonatal transfusion
2012	Hospital Transfusion Teams, Accident and Emergency Department Leads	Appropriate paediatric transfusion volumes and prescriptions should be the focus of ongoing education in hospitals, particularly in situations of emergency transfusion, such as accident and emergency departments
2011	HTTs and clinical users of blood	A significant number of paediatric acute transfusion reactions (ATRs) followed prophylactic platelet transfusions; this underlines that it is important to ensure that prophylactic platelets are given according to guidelines.
2011	HTTs and haematologists	Paediatric ATRs where there are severe allergic reactions should be investigated in conjunction with allergy specialists (British Committee for Standards in Haematology (BCSH) ATR guidelines).
2011	HTTs and clinical users of blood	SHOT requests that hospitals continue to report cases of possible transfusion-associated necrotising enterocolitis (NEC) in order to provide more representative information on the nature and extent of this possible reaction in the UK.
2010	RTCs, HTC, HTTs, pharmacists	2009 recommendation on the need for local consideration of the design of prescription charts was reiterated

2010	HTTs, hospital transfusion laboratories, consultant haematologists with responsibility for transfusion	Laboratory staff competency on the issues surrounding neonatal and infant pre-transfusion compatibility testing should be targeted during training, particularly given the relatively low frequency of paediatric work in many laboratories. The revised BCSH guidelines on compatibility testing will clarify the requirements for neonates.
2009	HTCs, HTTs, pharmacists	The correct prescription of paediatric transfusions is vital and an area of recurrent errors. Local consideration should be given to the design of paediatric prescription charts in order to facilitate the correct prescription of both blood component volumes/rates and clinical special requirements
2009	HTCs, HTTs, RCH, RCM, NMC	Nursing staff involved in paediatric transfusion must be sufficiently skilled and competent in the use of pumps/blood infusion devices, appropriate transfusion volumes/rates, and the need for special requirements in order to reduce these types of errors. These aspects should be included in their transfusion training as required by the BSCH (2009) guidelines on the administration of blood component.
2008	HTTs	Clinical staff should be encouraged to report all ward-based reactions and events including possible TACO and TRALI and neonatal ATR cases.
2007	HTT , hospital transfusion laboratories and consultant haematologists with responsibility for transfusion	Laboratory BMSs must be aware of special component requirements in patients under 16, and routine checking for additional flags should be carried out based on the date of birth.
2007	HTT and clinical users of blood	Prescribing for paediatric patients should be carried out only by those with appropriate knowledge and expertise in calculating dosage and administration rates for this group
2007	HTT and clinical users of blood	Special requirements are more common in paediatric patients, because of the range of congenital and malignant conditions for which they may be hospitalised, and particular care is needed to ensure that documentation, handover, communication and bedside checking are effective and comprehensive.