

Blood product transfusion guidelines

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This month we publish a simple audit of Major Trauma Transfusion Guidelines from the Academic Department of Clinical Traumatology at Selly Oak Hospital, Birmingham, UK (*see article on page 134*).¹ In summary, only 16% of 167 emergency departments seeing more than 50 000 patients a year use transfusion guidelines when managing major trauma. Although the audit specifically looks at trauma, the findings no doubt equally apply to non-trauma settings such as gastrointestinal, obstetric and gynaecological haemorrhage.

Blood products are a limited commodity and need to be used with careful clinical discrimination. Coupled with this is the fact that transfusing blood or any of

its products into a patient is not always a benign procedure. The Transfusion Handbook of the UK Blood Transfusion and Tissue Transplantation Services² has seven pages dedicated to the adverse effects of transfusion.

In addition, the management of major and massive haemorrhage, whatever the underlying pathology (as opposed to the management of standard transfusion in major trauma), is a relatively rare phenomenon, but when indicated is a dramatic step up in the complexity of the transfusion process, needing expertise in the correct use of blood products guided by laboratory monitoring of various clotting factors. The Transfusion Handbook mentioned above offers a generic major haemorrhage guideline in its first few pages.

We commissioned a review of the Selly Oak paper to determine its suitability for

publication from an internationally renowned trauma expert. Some of his comments are: "The study ... confirms what many people know already, which is that the emergency administration of blood and blood products is poorly controlled with many inconsistencies in administration ... this is a valuable paper to provide impetus to develop national guidelines in association with blood transfusion services and intensive care units.... It is essentially a class III study ... it should be used as a basis for a follow-up article which should be a careful review of current practice, especially with the Iraq experience, and could propose such guidelines as would be suitable for the UK".

The gauntlet has been thrown down.

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