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**GSTFT Clinical Practice Guideline**

**PRACTICE PROCEDURES FOR DAY CARE STAFF**  
**IN RELATION TO REGULAR BLOOD TRANSFUSIONS**  
**FOR CHILDREN WITH SICKLE CELL DISEASE (SCD)**

**Date:** April 2008  
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**PRACTICE PROCEDURES FOR DAY CARE STAFF**  
**IN RELATION TO REGULAR BLOOD TRANSFUSIONS**  
**FOR CHILDREN WITH SICKLE CELL DISEASE (SCD)**

(To be used in conjunction with the Chronic Transfusion Protocol, April 2008)

**Order Units of Red Blood Cells (RBC) about 1 Week in Advance.**

**Check previous group and screen results for atypical antibodies and contact the laboratory if the requirements have changed from those on the individual order sheet. Fill in the date and fax to lab on 84775 the week before transfusion. (This is usually done by Nurse Specialist; Check Transfusion Folder.)**

Red Cells must be sickle negative and <7 days (CMV negative only if indicated in the patients notes- see paediatric and neonatal transfusion policy)

On Admission

**Cannulate and send blood for FBC, Sickle %, Reticulocytes, X-match, Ferritin, LDH, AST, Liver, Bone & Renal Profile (Orderset now available; search under 'sickle')**

**Send x-match sample in bag with YELLOW label to help speed up process.**

**Place FBC sample in URGENT bag and take both these samples to Lab personally or arrange a member of staff to take them if the child is following the Single Visit Pathway. Check that Units of RBC are available in Blood Bank (84774)**

Other results can await specimen collection (refer to previous levels to indicate current situation).

**Check Previous Results**

**Contact Dr. Inusa or Sickle Nurse if Sickle % is >30% or if ferritin level is rising.**

Check dose of Desferasirox (Exjade)

**Admission Proforma**

**Fill in ALL parts of proforma. File in patient notes on discharge.**

**Ring for Results**

**Both urgent blood samples should be processed within 1 hour. Ring 88008 for FBC and 84774 (out of hours bleep 0201) to ask if blood is ready.**

**Prescribe Blood**

**Amount of Blood required is calculated by the following equation:**

**(Desired Hb – Actual HB) x Wgt(kg) x 3 = Volume of Red Cells**

**Rate: To be transfused at a rate of 5mls/kg/hour. (as per Blood Transfusion Policy)**

Furosemide is not required as it may result in an increase in viscosity and an increased risk of stroke.

**Flow Chart**

**Complete this chart using data from EPR and patient notes. This chart must remain in transfusion folder.**

**Discharge and Next Transfusion**

**Discuss this with parents and fill in column in Flow Chart. Prescribe Desferasirox (Exjade) as TTO. (Please refer to Front Sheet)**

Post –transfusion bloods do not usually need to be taken.

(Copies of all forms can be found at the back of the Transfusion Folder)

Helen Appleby /BI April 2008 (Review Date April 2010)