

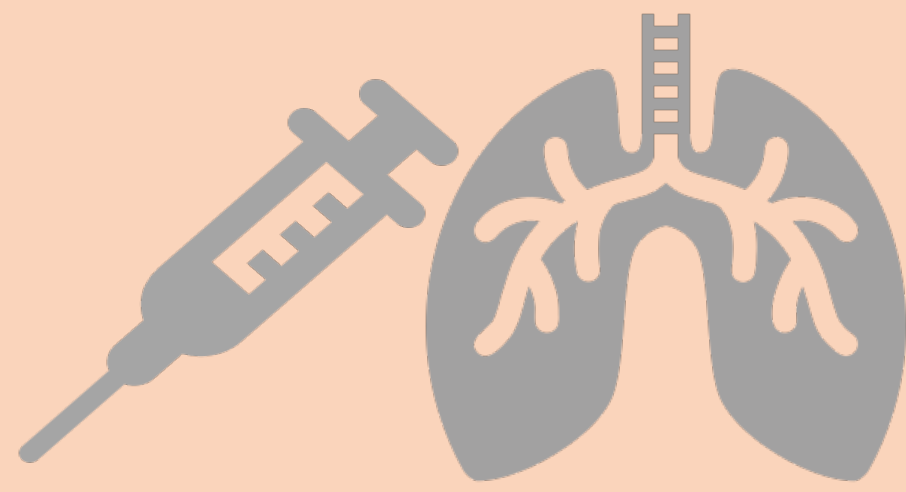
Help me Grow! - A Quality Improvement Project on Neonatal Blood Transfusion

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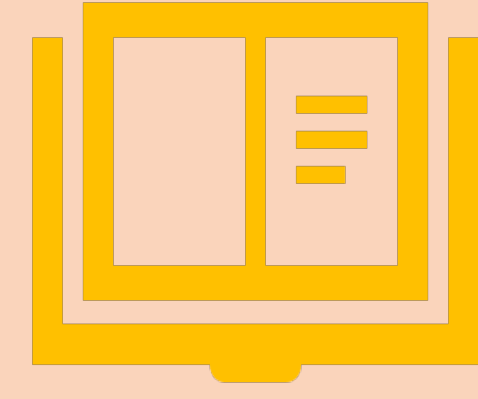
Background



60% preterms receive transfusions in NICU



Commonest cause of anaemia is iatrogenic phlebotomy losses & ventilator requirements



BSH Standards -2016 but large variation in practices b/w units

Rationale



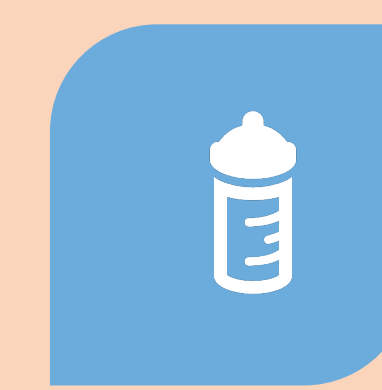
Transfusion guidelines not evidence based



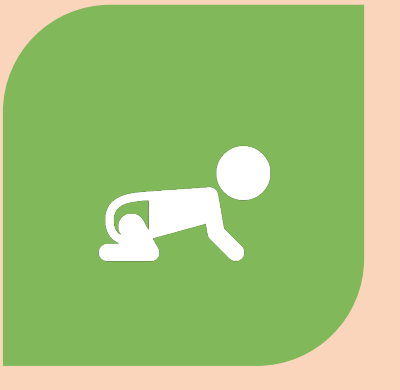
Not transfused in a timely manner



Decision to transfuse & start-too long



Babies kept NBM for too long



Impact on long term growth & development

Aims: In 1 year

100 %

Compliance with documentation

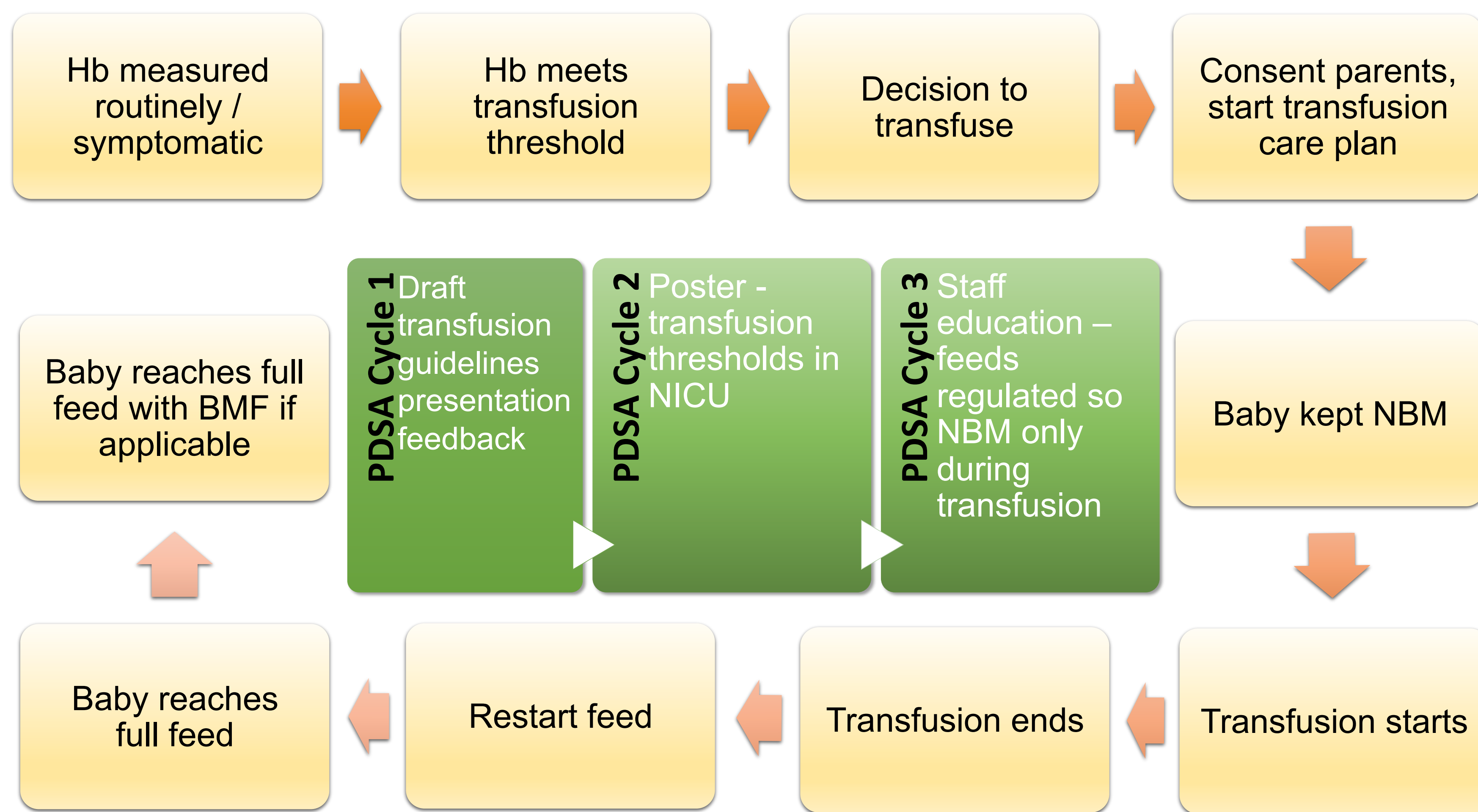
25 %

Improvement in time taken to start transfusion

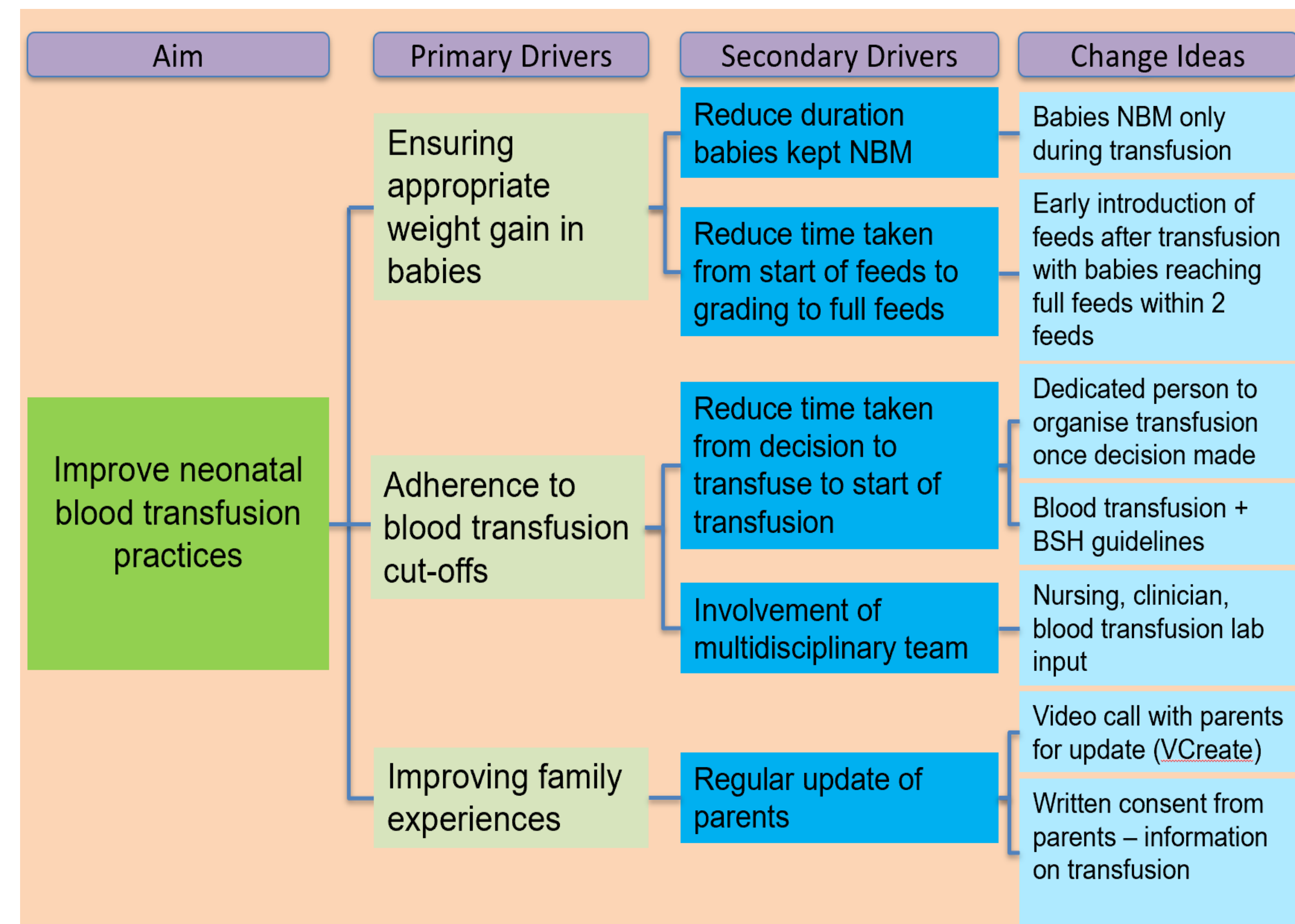
50 %

Decrease in time spent NBM

Process Map

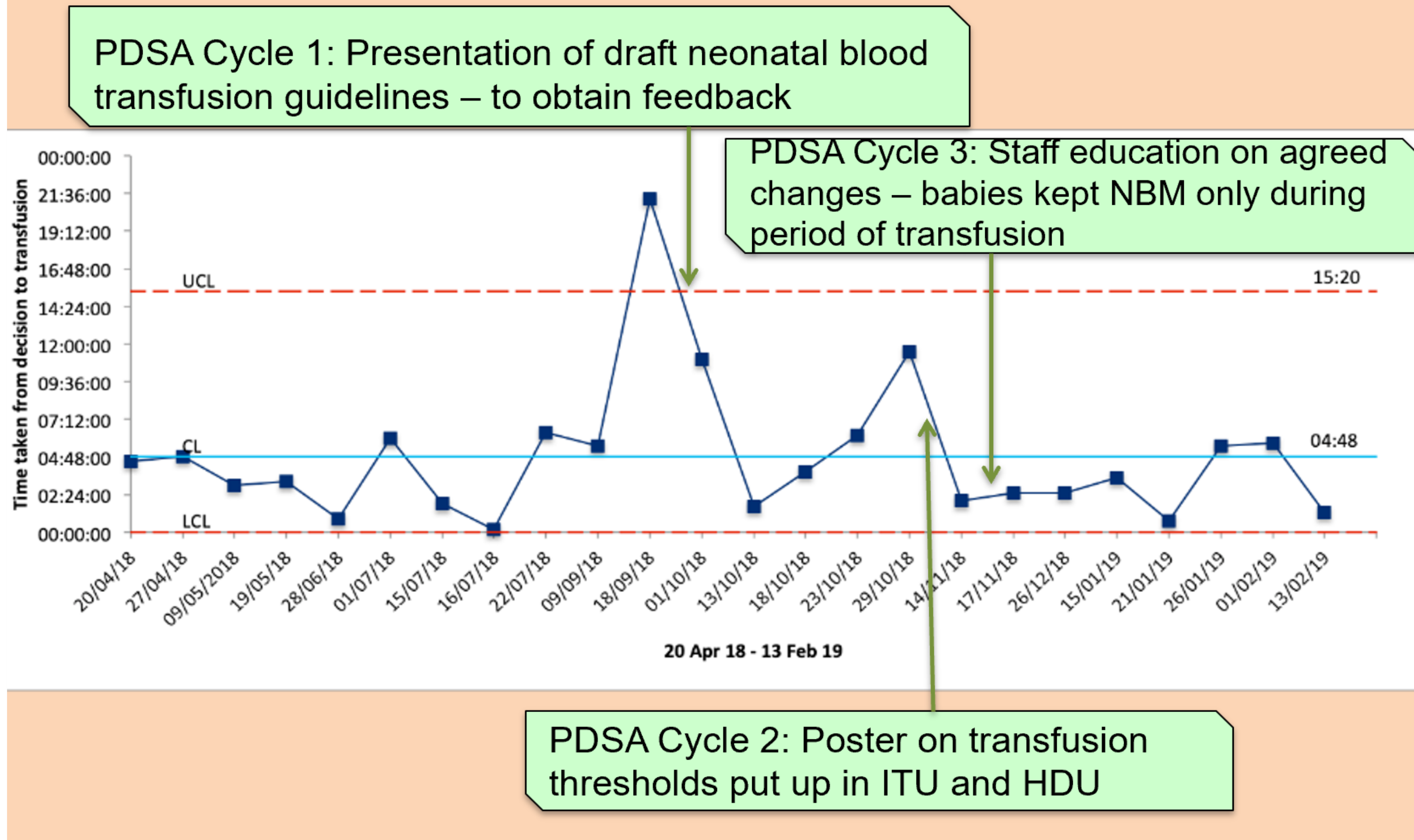


Driver Diagram

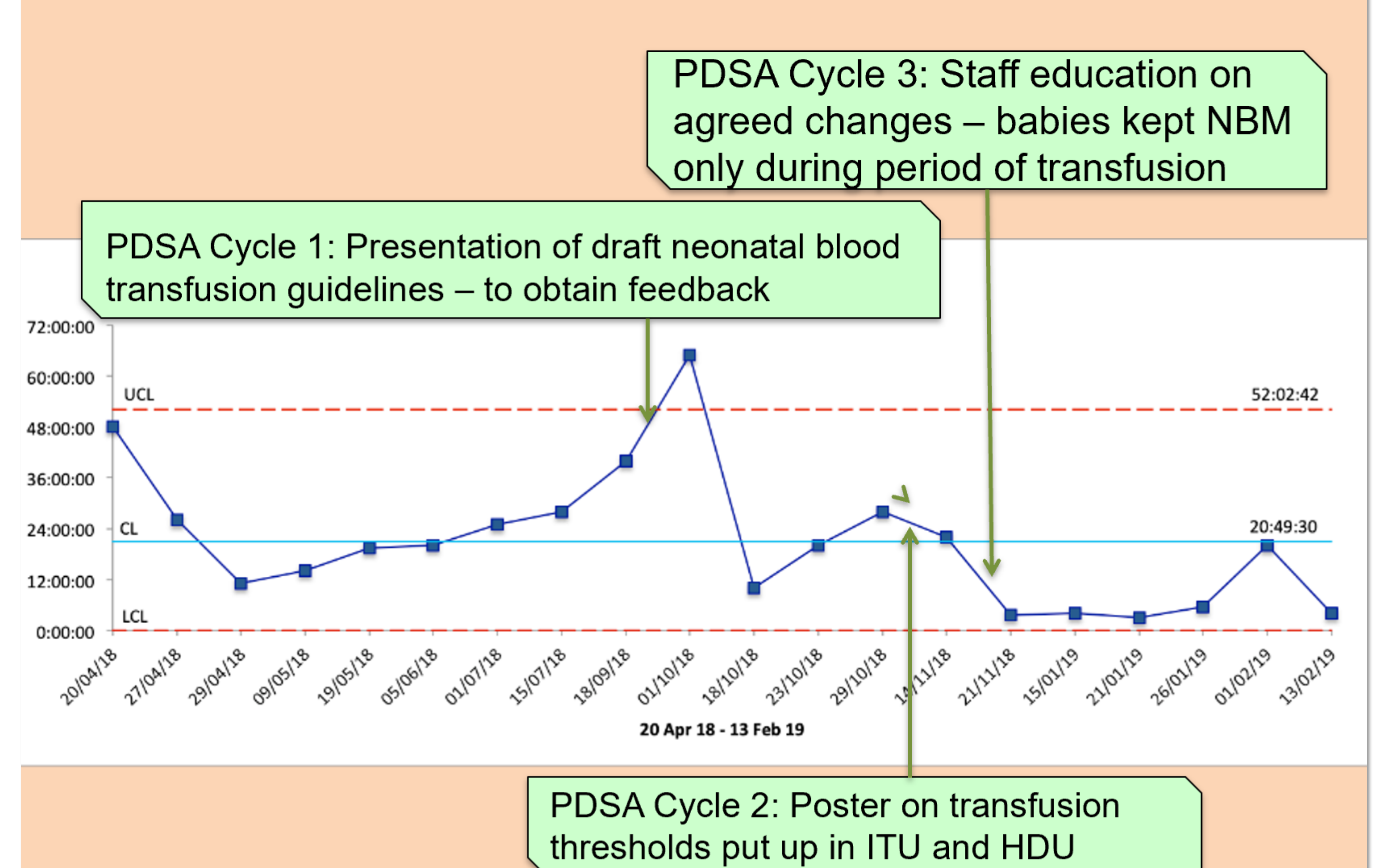


Results

Time taken from decision to transfuse to start of transfusion



Time taken to full feeds



Learning Points

Actions

- QI project led to an evidence based change in our transfusion practice
- A local transfusion guideline was developed

Challenges

- Limited literature surrounding feeding & transfusion, set practices going on for years requiring a change in working culture

Next Phase

- Sustainability & monitoring transfusions given appropriately to set threshold

References

- 1) 'Guidelines on transfusion for foetuses, neonates and older children' British Committee for Standards in Haematology 2016.
- 2) Parige R et al Enteral feeding during packed red blood cell transfusion in English neonatal units Archives of Disease in Childhood Fetal and Neonatal Edition 2014;99:F173