

Whole Blood -England

Rebecca Cardigan PhD, FRCPath

Head of Component Development/PI, NHS Blood & Transplant, England

Affiliated Lecturer, Dept Haematology, University of Cambridge

Caring Expert Quality

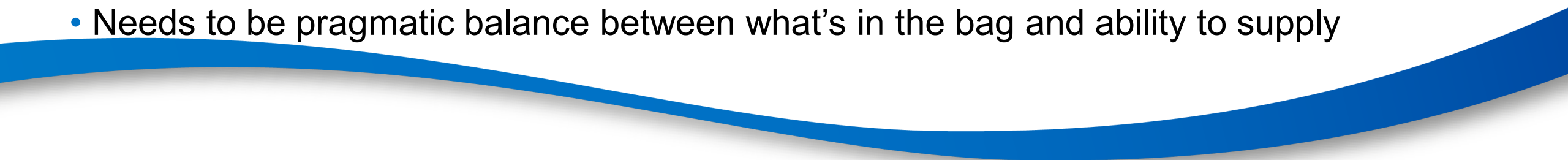
Status of whole blood

- Currently not routinely provided
- Started a programme of activity to explore options for provision
- Assessed feasibility of supplying LD WB (without platelets) whilst validating LD WB containing platelets
 - Feasible
 - Wastage issues to overcome
 - Reduction in time to administer red cells and plasma
- Surveyed pre-hospital teams to ask what product they would want and what level of evidence prior to implementation
 - Would like product all in one bag, preferably with platelets
 - Would like to see clinical trial prior to routine use
- Secured funding and set up RCT of WB v standard of care
 - Started this week, 18-24 months to recruit

Lessons learned



Blood and Transplant

- Blood collection considerations
 - Most practical to use standard collection systems & CPD anticoagulant
 - ‘sterile connect’ Terumo LD sets back in the blood centre
 - Not easy for us to identify donors with anti-platelet meds – easier way to exclude was to use BAT systems which are only used if donors fulfil requirements for platelets
 - Wastage
 - Not practical to ‘recycle’ blood once it has left our organisation
 - Consider extending use to non-trauma MH patients
 - Shelf-life
 - Needs to be pragmatic balance between what’s in the bag and ability to supply
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Key considerations for implementation

- Benefits will depend on current standard of care and need to be understood
- Whether to make from D neg/pos donations
- How to make collection/manufacturing practical
- Minimising wastage
- Defining an acceptable shelf-life