

CTS-UTS IMPORTANCE OF COLLABORATION IN SOLVING CASES OF TRANSFUSION.

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In the transfusion we must always have in mind that there is a risk and if not managed properly it will have a negative effect on the achievement of safety objectives transfusion we must take into account the residual risk and the consequences it might have on the smooth running of the act transfusion

Risk management is coordinated activities to direct and control the activity in a compartment in terms of risk

Attitude towards risk is important and especially its anticipation

The ability to detect the consequences can The influence and risk assessment.

The interface between the prescriber, the doctor in charge of the UTS and the CTS is fundamental to risk management in transfusion activity.

Applications of blood in the hospital precinct required the use of a standardized method safer with minimal risk to transfusion safety.

It is important:

- continuously identify nonconformities that emerge, their registration, their classification,
- taking immediate corrective measures, their periodical analysis,

- undertaking preventive measures resulting from this analysis that contributes to a significant risk reduction, such as the changing circuit UTS and increase space for this activity

Collaboration CTS-UTS

The biggest problems we had with patients suffering from haematological malignancies or otherwise associated with AHA, direct antiglobulin test positive they have an increased risk of hemolysis after blood transfusion. This is due to the presence of unidentified erythrocyte alloantibodies, including haemolytic autoantibodies with strong potential. This mechanism makes selection of a unit of blood transfusion is extremely difficult, complex and risky for the patient. Screening and identification of irregular antibodies was performed by specialized personnel from the CTS's.

Also, cases have posed problems with deficit of immunoglobulins, especially in the elderly, where the need has been working with CTS to be transfused.

Big problems we had patients that have necessitated politransfuzăți extended phenotype, identification of irregular antibodies to be transfused.

In 2014 I worked especially if you were sick politransfuzăți number 633 , of which 419 men and 214 women

We performed tests : AI, extended phenotype and special procedures

We advised prescribers regarding the amount of blood , and the type of PSL appropriate for the case .

If there had not been this collaboration premanentă these cases could not be resolved, and patients could not benefit from transfusion.

Although UTS has acquired a standardized equipment to perform transfusions transfusion compatibility issues could not be achieved without special tests and intervention personnel from the CTS and thus require specially trained personnel for these tests which are necessarily required in these cases .