

E6. CHALLENGES TO MANAGE RISKS RELATED TO HOSPITAL TRANSFUSION ACTIVITY.

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Introduction: Transfusion therapy is still an indication with no alternatives in many clinical situations. Prescribers still choose to excessively use transfusion therapy, even when less risky alternatives do exist. Despite all measures to increase transfusion safety, a residual risk which may not be reduced to zero still stands, widely recognized by experts in the field, seemingly ignored by users and unknown by patients. Unjustified indications of transfusion therapy add additional risks to the patient, partially predictable. Both the attending physician and the patient must assume the inherent and predictable risks, according to their own responsibility related to the indication or informed consent for treatment.

Material and method: The presentation aims to analyze the potential risks, inherent or predictable, that may arise in the course of hospital transfusion activity. Thorough knowledge of every phase of the hospital transfusion activity, both organizationally and as a medical act, enables identification of the risks and potential measures to prevent / reduce them.

Transfusion and haemovigilance Committee has the essential role in promoting this attitude , mainly if supported by hospital management. Although the importance of transfusion therapy is recognized by many clinicians, a persistent resistance is still perceived against assuming the active role they should play according to national standards. As a consequence, responsibility to ensure quality and safe management of transfusion therapy is transferred to nurses.

Results: Given the lack of adequate information dissemination between HBB, Transfusion and haemovigilance Committee and clinical services and the passive attitude of the treating physicians, most of the preventable risks are ignored, denied or unidentified. Additional risks are generated by non-involvement and disclaimer.

Conclusion: Risks of transfusion therapy should be known by treating physician and communicated to the patient before prescribing this treatment, as the basis for an assumed therapy. Knowledge of risk provides an opportunity to use transfusion therapy more efficient by streamlining.