

## Further Information

If you are interested in finding out more about blood transfusion and have access to the Internet, you may find the following websites useful:

National Blood Service: [www.blood.co.uk](http://www.blood.co.uk)

National Patient Safety Agency: [www.npsa.nhs.uk/pleaseask](http://www.npsa.nhs.uk/pleaseask)

The National Blood Service (NBS) is part of NHS Blood and Transplant, a Special Health Authority within the NHS, and provides the blood that patients receive.

In order to plan for future blood demands, information about which patients receive blood needs to be gathered. We may ask a Trust or GP to provide limited medical information on a sample of patients who have received blood transfusions.

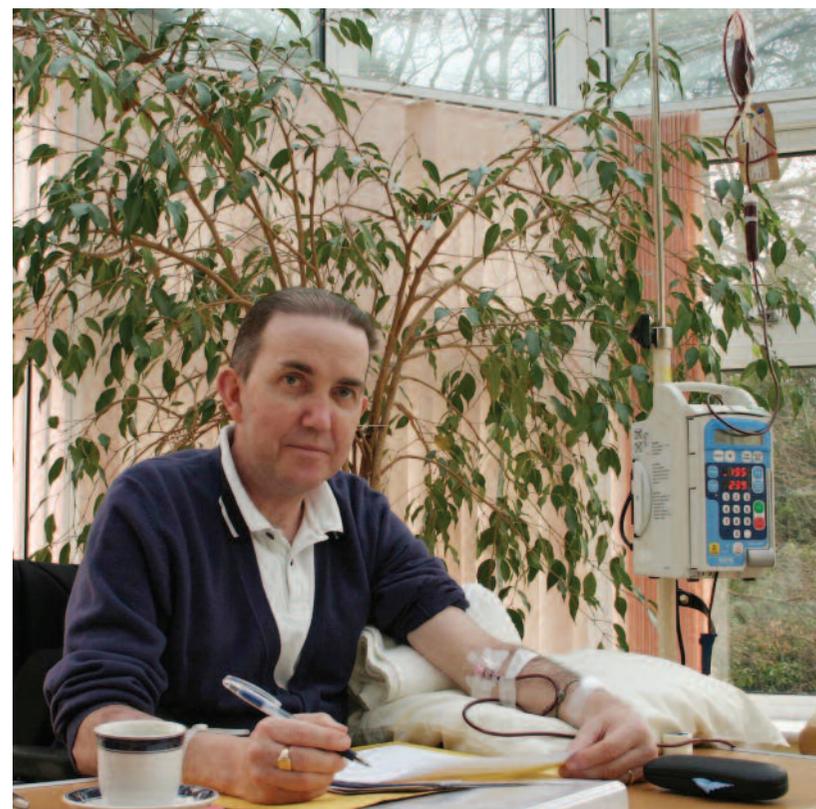
Any information that is passed on to the NBS is held securely, with the rights of these individuals protected under the Data Protection Act.

This leaflet has been adapted from the NHS "*Will I need a blood transfusion?*" leaflet and Cancer Backup "*Blood transfusions*"

The services St. Gemma's Hospice provides are always free but we can only continue to do this through the generosity of our supporters. To find out more about how you can help us, phone fundraising on 0113 218 5555 or visit our website at:

[www.st-gemma.co.uk](http://www.st-gemma.co.uk)

## Information for Patients Receiving a Blood Transfusion at St. Gemma's Hospice



### Will I need a blood transfusion?

Like all medical treatments, a blood transfusion should only be given if it is essential. Your Doctor will balance the risk of you having a blood transfusion against the risk of not having one. Ask your Doctor or Nurse to explain why you might need a blood transfusion.

### Why might I need a blood transfusion?

Blood transfusions are given to replace blood loss and treat anaemia. Anaemia is a reduction in the number of red cells in the blood. These cells are essential for carrying oxygen throughout the body. If the level of red blood cells in your blood is low, you may become very tired and feel lacking in energy. You may also feel breathless. This is because the amount of oxygen being carried around your body has decreased.

Many illnesses such as cancer can cause anaemia, either as a result of the illness itself or as a side effect of treatments such as chemotherapy. Most people can cope with losing a moderate amount of blood without needing a blood transfusion and this loss can easily be replaced with other fluids. Your body will make new red blood cells over the following few weeks. However, if larger amounts of blood are lost, a blood transfusion may be the only way of replacing blood rapidly. A blood transfusion may also be needed to treat severe bleeding, for example during or after an operation.

### Is a blood transfusion my only option?

Certain medical conditions causing anaemia may be managed by treating the cause rather than by giving a blood transfusion. If you are told that you might need a blood transfusion, you

had a blood transfusion. We will notify your relative when you are ready to go home so that they can collect you. You will be advised about follow-up from the Hospice. This may be via a visit to Out-Patients or a home visit from your Community Nurse Specialist.

### What to do if you are unwell once you get home

Reactions to blood transfusions are very rare. A small number of people do experience a delayed reaction to a blood transfusion:

#### Symptoms of a reaction

- Fever/high temperature
- Chills
- Flushing
- Breathing difficulties
- Itching/rash
- Muscle/bone pains
- Racing pulse

If you feel unwell once you get home, contact the Hospice for advice. You will need to explain that you have received a recent blood transfusion. You may be given advice over the telephone or advised to ring your District Nurse or out of hours Doctor. If your symptoms are severe, you may be advised to ring for an ambulance. The Hospice staff will help you with this if necessary.

Day Services Department	(9 am to 4 pm)	0113 2185294
Dales Ward	(9 am to 4 pm)	0113 2185510
Moors Ward	(9 am to 4 pm)	0113 2185520
Nurse In Charge	(4 pm to 9 am)	0113 2185511

St. Gemma's Hospice, 329 Harrogate Road, Leeds, LS17 6QD  
Main Switchboard: 0113 2185500

### **How will my transfusion be given?**

A blood transfusion is usually given through a tiny tube directly into a vein in the arm. Each bag of blood can take up to four hours, but can be safely given more quickly if needed. If you are attending as an Out-Patient, your transfusion will be given within 2 hours. You may be given more than one bag of blood during your transfusion.

### **What if I have worries about receiving a blood transfusion?**

If you have any concerns you should discuss these with your Doctor or Nurse.

### **How will I feel during my blood transfusion?**

Most people do not feel anything whilst receiving a blood transfusion. You will be observed at regular intervals; if you begin to feel unwell during or shortly after your blood transfusion, you should inform a member of staff immediately.

Some people may develop a temperature, chills or a rash. These reactions are usually mild and are easily treated with Paracetamol, or by slowing down the blood transfusion. Fortunately, severe reactions to blood are extremely rare. If they do occur, staff are trained to recognise and treat these.

### **3. What to do after your transfusion?**

After your transfusion has finished, the drip will be taken down. You will be asked to stay in the Hospice for up to 2 hours so that staff can make sure you have not had any adverse reaction. This is particularly important if it is the first time you have

should ask why it is necessary and whether there are any alternative treatments. You do have the right to refuse a blood transfusion, but you need to fully understand the consequences of this before doing so.

### **Are blood transfusions safe?**

The biggest risk from receiving a blood transfusion is being given the wrong blood.

You must be correctly identified to make sure that you get the right blood transfusion. Wearing an identification band with your correct details is essential. You will be asked to state your full name and date of birth, and the details on your identification band will be checked before each bag of blood is given.

If you have previously been given a card which states that you need to have blood of a specific type, please show it as soon as possible to your Doctor or Nurse and ask them to tell the hospital transfusion laboratory.

Compared to other everyday risks the likelihood of getting an infection from a blood transfusion is very low. All blood donors are unpaid volunteers. They are very carefully selected and tested to make sure that the blood they donate is as safe as possible.

The risk of getting hepatitis from a blood transfusion is currently about 1 in 500,000 for hepatitis B and 1 in 30 million for hepatitis C. The chance of getting HIV infection or HTLV (a virus which infects white blood cells) is about 1 in 5 million. Although the risk of getting variant Creutzfeldt-Jakob Disease (vCJD) from a blood transfusion is probably low with a single blood transfusion, the risk of any infection will increase with additional blood transfusions. Each year, approximately 2 million units of

blood are transfused in England and there have been just a handful of cases where patients are known to have become infected with vCJD from a blood transfusion.

## What Will Happen ?

### 1. Planning for the blood transfusion

If your Doctor or Nurse feels you may benefit from a blood transfusion, you may be asked to attend an Out-Patient blood transfusion assessment clinic at the Hospice.

At this appointment, you will have the chance to discuss the reasons for blood transfusion, possible alternatives to blood transfusion and the blood transfusion process with a Hospice Doctor.

The Doctor will ask some questions about your health, existing medical conditions and whether you have other symptoms that may require assessment. The answers to these questions will help the Doctor decide whether it is possible for you to receive a blood transfusion in the Out-Patient department at the Hospice or whether it is necessary for you to be admitted for a short stay on the In-Patient Unit.

This decision is based on several factors including :

- The number of bags of blood you require
- Whether you have existing medical conditions such as heart failure
- Whether you have symptoms such as pain or sickness which may also be assessed and managed on the In-Patient Unit
- If you have had previous reactions to blood transfusions and require closer monitoring

The Doctor will take a sample of blood that will be sent to the laboratory to enable the correct blood to be matched ready for your transfusion.

The Doctor will inform you whether you can have your transfusion as an Out-Patient or whether they feel it best to deliver the transfusion on the Hospice In-Patient Unit. If the transfusion is to take place in the Out-Patient department, you will be notified of the date and time to attend. You will be asked if you have transport to get to St. Gemma's for the transfusion. This is often more convenient than ambulance transport. However, if you have no means of transport, this can be arranged for you.

If you require admission to the In-Patient Unit, you will be contacted at home to notify you when there is a bed available. In some circumstances, your St. Gemma's Clinical Nurse Specialist or Doctor may arrange for you to be directly admitted to the In-Patient Unit rather than attending the assessment clinic.

### 2. Attending for a blood transfusion

When you come to the Hospice for your transfusion you will be allocated a named Nurse (Out-Patients) or a named team (In-Patient Unit). The nursing staff are available to provide help and support before, during and after your transfusion. Refreshments will be provided for you whilst you are in the Hospice.

You will be assessed by a Doctor prior to your transfusion. Please bring any medication you are taking with you for them to see. You will also be asked to sign a consent form.