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| Questions for delegates | | |
| Q1 | People who have received a blood transfusion since 1980 are no longer permitted to be blood donors. Name the 3 main diseases that were retrospectively proven to be transfusion transmissible in this time frame. | |
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| Q2 | What is the normal life span of a red blood cell? | |
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| Q3 | When the oxygen dissociation curve moves to the right is the efficiency of oxygen release increased or decreased? | |
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| Q4 | Other than the patient’s existing haematology condition what other conditions could cause a fall in Hb? | |
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| Q5 | Describe the symptoms of chronic anaemia. | |
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| Q6 | When transfusing red cells there is a maximum time in which the blood has to be transfused once removed from storage, what is this time? Does your answer allow time for transportation from storage and bedside checking? | |
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| Q7 | Give two examples of potential long-term complications of transfusion. | |
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| Q8 | What might you see clinically in a case of TRALI? | |
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| Q9 | List 2 conditions where platelets may be contraindicated. | |
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| Q10 | How quickly can platelets be made available for transfusion in your Trust? | |
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| Q11 | Complete the following table | |
|  | Condition | Transfusion threshold or target platelet count |
|  | Acute leukaemia |  |
|  | Acute promyelocytic leukaemia |  |
|  | Haemopoietic stem cell transplantation in acute leukaemia |  |
|  | Chronic stable thrombocytopenia |  |
| Q12 | What other signs and symptoms of a Haemolytic Transfusion Reaction (HTR – Acute) might you see? | |
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| Q13 | How would you manage a patient with any type of Haemolytic reaction? | |
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| Q14 | Why are you more likely to get a bacterial contamination reaction with platelets rather than red cells? | |
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| Q15 | Prior to transfusion patients should be assessed for their risk of TACO. List 4 clinical signs and symptoms of fluid overload. | |
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| Q16 | What are the risk factors for Transfusion Associated Circulatory Overload (TACO) and how would you reduce the risk? | |
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| Q17 | How would you manage a patient having a mild allergic reaction? | |
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| Q18 | How would you manage a patient having a Febrile Non-Haemolytic Transfusion Reaction (FNHTR)? | |
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| Q19 | List 6 situations where adult patients require irradiated blood components. | |
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| Q20 | Why is FFP not the optimal treatment for reversing the effects of warfarin? | |
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| Q21 | What other methods should be used to reverse the effects of warfarin? | |
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| Q22 | List 3 situations where FFP may be indicated | |
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| Q23 | List the essential factors required for a written order for transfusion | |
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| Q24 | List the 3 pillars of patient blood management. | |
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