HOMERTON HOSPITAL NHS TRUST - HAEMATOLOGY DEPARTMENT **BLOOD TRANSFUSION PROGRAM**

NAME:

INDICATION:

HOSPITAL NO:

DOB: **REQUIREMENTS:**

Automated RBC exchange transfusion via Spectra Optia X units RBC Every x weeks Target: Hct x% & Hb S <10%

mg/grm dry weight

RED CELL GENOTYPE

PROTOCOL:	Pre-Tx: FBC + re		+ Hb S% + ferritin
	U & e + lft + Ca/Mg + coagulation screen		
	Post-Tx: FBC + retics + Hb S?		%
	U &	E + LFT + Ca/N	Ag + coagulation screen
	 Discus post-transfusion results with Haematology Consultnat before removing IV access if a. the post-transfusion haematocrit is more than one unit from the target haematocrit and / or b. the platelet count is ≤ 50 x10⁹/L 		
START DATE:			
IRON CHELATION:			
Year	Mean serum ferr	itin	Hepatic iron Ferriscan

Mean pre-ARCET HbS: **Antibody Screen:** HIV/HBV/HCV:

ug/l

Last MDT Review: xx/xx/xxxx

Updated: xx/xx/xxxx (Clinician in charge)