

Appendix C – Patient Audit Tool

Please provide the job titles of everyone who was involved in the completion of this form

Auditor(s) job title

Patient Characteristics

1. What is the patient's gender? Male Female

2. What was the patient's age at the time you audited this transfusion episode?

3. What was the patient's weight (kilograms)?

Diagnosis

4. What is the current haematological diagnosis? (*occasionally more than one may apply*)

Acute leukaemia (tick one of the options below)

- Acute myeloid leukaemia excluding APML
- Acute promyelocytic leukaemia (APML)
- Acute lymphocytic leukaemia
- Other acute leukaemia
- Aplastic anaemia**

Chronic leukaemia (tick one of the options below)

- Chronic lymphocytic leukaemia (CLL)
- Chronic myeloid leukaemia (CML)
- Other chronic leukaemia

Lymphoma (tick one of the options below)

- Burkitt's lymphoma
- Diffuse large B cell lymphoma (DLBCL)
- Follicular lymphoma
- Hodgkin's lymphoma (HL)
- Other lymphoma

Myelodysplasia

Myelodysplastic/myeloproliferative neoplasms (includes CMML, JMML)

Myeloproliferative neoplasms including myelofibrosis

Myeloma/Plasma cell dyscrasia

Other (please state)

Treatment

5. Was the patient receiving treatment (excluding transfusion) for their underlying current haematological diagnosis?

No Yes

If yes, go to Q6. If no, go to Q9

6. Was the patient undergoing allogeneic stem cell transplant?

Yes No

If yes, go to Q9. If no, go to Q7

7. Was the patient undergoing autologous stem cell transplant?

Yes

No

If yes, go to Q9. If no, go to Q8

8. Was the patient on an intensive chemotherapy programme in the last 6 weeks? (*excluding low dose chemotherapy e.g. azacitidine*)

Yes No

9. Was the patient participating in a clinical study?

Yes

No

If yes, please state the name of the study

10. Did this patient have a red cell transfusion in January 2016?

Yes

No

If yes, go to Q11. If no, go to Q22

Red Cell Transfusion

11. Was the patient an Inpatient? or a Day patient?

Indication for the Red Cell Transfusion that you are auditing

12. Please select one of the 4 broad categories (a, b, c, d) below which best describes the reason for transfusion.



a) Symptomatic anaemia

If yes, please indicate severity grade

Mild (*Chronic fatigue, loss of energy*)

Moderate (*Palpitations; Shortness of breath on exertion etc.*)

Severe (*Shortness of breath at rest; symptoms of ischaemic heart disease, such as chest pain; hypotension or tachycardia unresponsive to fluid resuscitation; cardiac failure*)

Unspecified

b) Hb level less than the local threshold

c) Chronic transfusion programme

d) Cannot determine reason for transfusion

13. What was the clinical indication for transfusion?

(More than 1 code may be used. NBTC codes are shown after each option)

Acute blood loss (R1)

Medical anaemia, age <65 years (R2)

Medical anaemia, age ≥65 years (R2)

Medical anaemia in patients with cardiovascular disease (R3)

Medical anaemia with sepsis (R4)

Medical anaemia with CNS complications (R4)

Anaemia in a patient receiving radiotherapy (R5)

Chronic anaemia with bone marrow failure (BMF) due to MDS/AA/PNH (R6)

Chronic anaemia with BMF due to bone marrow infiltration (R6)

Other, please specify

14. What was the date of the red cell transfusion that you are auditing? (dd:mm)

2016

15. How many units were given in this transfusion episode?

(A transfusion episode is defined as all units transfused within a 24 hour period)

16. Was a pre-transfusion Hb count performed within 24 hours of the start of the transfusion if the patient was an inpatient, or within 72 hours of the transfusion if the patient was a day patient?

Yes No

17. If yes to Q16, what was the Hb?

g/L

If only one unit was given go to Q19, if more than one unit was given please answer Q18

18. Was the Hb measured after each unit transfused?

Yes No

19. Was a post-transfusion Hb taken within 24 hours of the end of the transfusion episode?

Yes No

20. If yes to Q19, what was the Hb?

g/

21. How many additional red cells units did this patient receive in the month of January 2016?

22. Did the patient receive a platelet transfusion in January 2016?

Yes No

If yes, go to Q23. If no, you have finished this questionnaire

Platelet transfusion

23. Was the patient an Inpatient? or a Day patient?

Indication for the platelet transfusion that you are auditing

To assist you in completing this section, please refer to the bleeding grade definitions shown on page 11

24. Please select one of the 4 broad categories (a,b,c,d) below which best describes the reason for transfusion. If therapeutic to treat bleeding (modified WHO bleeding grade 2 or above) please indicate grade.



- a). Prophylactic platelet transfusion to prevent bleeding and not having a procedure
Modified WHO bleeding grade 0 or 1 **Now go to Q25**
- b). Pre-procedure
Modified WHO bleeding grade 0 or 1 **Now go to Q25**
- c). Therapeutic to treat bleeding
Modified WHO bleeding grade 2 **Now go to Q25**
Modified WHO bleeding grade 3 **Now go to Q25**
Modified WHO bleeding grade 4 **Now go to Q25**
- d). Cannot determine the reason for transfusion **Now go to Q26**

25. What was the clinical indication for transfusion (a,b,c,d,e)?

(please tick all codes that apply. NBTC codes are shown after each option)



a) Prophylactic - *modified WHO bleeding grade 0 or 1*

- Reversible bone marrow failure due to haematological disease or treatment (P1)
 Allogeneic stem cell transplant (P1)
 Autologous stem cell transplant (P1)
 Chronic BMF receiving intensive therapy (excluding low dose chemotherapy e.g. azacitidine) (P1)
 Chronic BMF e.g. MDS, AA to prevent recurrence of previous bleed of modified WHO grade ≥ 2 (P2)
 Prophylactic indication not described above (please state) (P1)

b) Prophylactic use in the presence of currently existing risk factors for bleeding (e.g. sepsis, antibiotic treatment, abnormalities of haemostasis) (P2) *modified WHO bleeding grade 0 or 1*

- Reversible BMF
 Chronic BMF

c) Pre-procedure platelet transfusion (P3)

- Central venous line insertion (tunnelled or untunnelled) excluding PICC line
- Lumbar puncture
- Percutaneous liver biopsy
- Major surgery (not involving eye or brain)
- Epidural anaesthesia
- CNS surgery (including posterior segment of eye)
- Bone marrow aspirate and or trephine
- PICC line insertion
- Other organ biopsy (e.g. lung, splenic, renal)
- Endoscopy only
- Endoscopy and biopsy
- Other procedures not described above (*Please state*)

d) Therapeutic Platelet transfusion (P4) – modified WHO bleeding grade ≥ 2

- Major haemorrhage (WHO grade 3 or 4)
- Multiple trauma, or brain/eye injury, or spontaneous intracerebral haemorrhage
- Bleeding considered non severe
- Bleeding outside of categories above

e) In addition to the haematological malignancy or myeloid failure syndrome, please indicate if the patient has any of the specific conditions identified below

- Platelet function defect – acquired (P5)
- Disseminated intravascular coagulation (DIC) (P6)
- Congenital platelet function defect (P7)
- Heparin induced thrombocytopenia (HIT) (P8)
- Primary immune thrombocytopenia (ITP) (P8)
- Post transfusion purpura (PTP) (P9)
- Thrombotic thrombocytopenic purpura (TTP)

Platelet transfusion episode

26. What was the date of the platelet transfusion 2016 that you are auditing? (dd:mm) □□ □□

27. How many units of platelets were given in this transfusion episode? □□

(A transfusion episode is defined as all units transfused within a 24 hour period)

28. Were the platelets HLA matched? Yes No

29. Was a pre-transfusion platelet count performed within 24 hours of the transfusion if the patient was an inpatient, or within 48 hours of the transfusion if the patient was a day patient?

Yes No

If yes, go to Q30. If no, go to Q36

30. If yes to Q30, what was the platelet count? x 10⁹/L

31. Was the platelet count above the threshold stated in local guidelines? Yes No

If yes, go to Q32. If no, go to Q36

32. Was there a reason for a higher threshold? Yes No

If yes, go to Q33. If no, go to Q36

33. Please select from the list below reason/s for a higher threshold:

- Fever
- Systemic infection
- Abnormality of haemostasis
- Therapeutic anticoagulation
- Anti-platelet agent
- Previous significant bleed
- Recent major surgery (within one week)
- Participation in a trial where higher threshold specified
- On medication where higher threshold specified – please state medication *and* threshold

- Platelet concentrate due to expire at midnight of day of transfusion
- Platelet count anticipated to fall below threshold before next visit to outpatients
- Other, please state

34. Was a higher threshold specified in the notes? Yes No

35. If yes to Q34, please state threshold specified

If only one unit was given go to question 37, if more than one unit was given please answer 36.

36. Was a platelet count checked in between transfused units? Yes No

37. Was a post-transfusion platelet count taken within Yes No

24 hours of the transfusion?

38. If yes to Q37, what was the platelet count?
 $10^9/L$

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x

39. How many additional platelet units did this patient receive
within the month of January 2016?

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END OF AUDIT TOOL

