

Over 1.8 million red blood cell units were issued in the UK in 2016 (Bolton-Maggs P et al, 2016). Blood transfusion is associated with a significant risk of complications (Murphy M et al, 2015; Bolton-Maggs P et al, 2016). However, clinical practice regarding informed consent for blood transfusion is historically poor, with several studies demonstrating inconsistent and incomplete information being provided to patients (Court EL et al, 2010; Davis R et al, 2012; Friedman M et al, 2012; Cheung D et al, 2014).

The National Institute for Health and Care Excellence (NICE) published guidelines in November 2015, defining a new 'gold standard' regarding informing patients about blood transfusion (Murphy M et al, 2015; Padhi S et al, 2015).

We sought to determine whether this standard is being met by St George's University Hospitals NHS Foundation Trust, a large urban teaching hospital. A sample of 46 adult patients receiving red cell transfusions on medical, surgical and ambulatory wards was audited, using patient notes and interviews with patients.

Adherence to the latest NICE guidelines was suboptimal. 6% of the patients interviewed were informed about the risks of transfusion; 3% were informed about alternatives to transfusion. No patients were offered an information leaflet.

A two-stage rapid cycle quality improvement project was undertaken following our initial audit, consisting of a 'blood transfusion information pack' placed on wards to prompt clinicians to inform patients about transfusion.

After cycle one 16 patients were interviewed. The proportion of patients informed of risks and alternatives to transfusion increased to 38% (6), and 31% (5) were offered an information leaflet. A sustained improvement was seen after cycle two in which 7 patients were interviewed – 43% (3) and 57% (4) of patients respectively.

Our work demonstrates that patients are poorly informed about blood transfusion – findings which may be representative of widespread clinical practice in hospital medicine. We present a simple intervention which, if implemented on a larger scale, may improve patient knowledge of blood transfusion.

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