

Transfusion Services

TRANSFUSION PEER REVIEW

Providers practicing at Children's Hospitals and Clinics and using Transfusion Services will find their transfusion practices monitored by the institutional Transfusion Committee. This is a requirement of The Joint Commission. The commission requires detailed records of review of transfusion practices, including indications, transfusion reactions, clinical effectiveness, and other aspects. The Joint Commission Accreditation Manual for Hospitals covers blood usage and criteria for transfusion in its sections on medical staff, pathology, and clinical laboratory services, surgical and anesthesia services, emergency services, special care units, and quality assessment and improvement. Transfusion Services are also inspected by the Commission on Laboratory Accreditation of the College of American Pathologists, and American Association of Blood Banks voluntary peer review programs, the FDA, and by some state agencies.

Close peer review of all transfusions of blood and components is a fact of modern hospital practice. Maintenance of perfusion, need for replacement in acute hemorrhage, as well as arterial oxygenation, cardiac output, and blood volume are relevant. The Transfusion Committee monitors the use of Red Blood Cells, platelets, cryoprecipitate, and fresh frozen plasma. Refer to Children's [Guidelines for Transfusions](#) for Indications for Transfusion.

Review Criteria:

Blood transfusion practices at Children's Hospitals and Clinics are audited by the Transfusion Committee. The purpose of a transfusion audit is to determine the appropriateness of blood transfusion practices, and provide data for the improvement of blood transfusion practices. Conducting such audits is an accreditation requirement of The Joint Commission. The audit criteria are approved by the Transfusion Committee and are based on [Children's Transfusion Guidelines](#). These criteria reflect a consensus as to the generally accepted rationale for the use of blood components. **However, it must be noted that audit criteria do not necessarily constitute indications, or triggers, for transfusion and that specific clinical situations may dictate transfusion practices that differ from the audit criteria.** The Transfusion Committee recognizes that all transfusion decisions are clinical judgements that cannot necessarily be reduced to explicit indications.

For all transfusion events, the clinical indication should be part of the patient's medical record.

References:

Aubuchon J (2001) Guidelines for Blood Utilization Review, Bethesda MD, American Association of Blood Banks