

# MHP

A case of mistaken *identifier*  
*What would you do differently?*

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# Queen Elizabeth the Queen Mother Hospital, Margate

- Trauma Centre
- Blood Transfusion has agreed, risk-assessed Major Haemorrhage Protocol (MHP)
- MHP activation is dependent on age and sex of the patient



## MHP – ‘female’

- Female of childbearing potential (<51yrs) *or* Male <18yrs
- First pack: 4x Oneg K- RBC plus 2x AB FFP
- Second pack: 4x Oneg K- RBC, 2x AB FFP plus 1x emergency platelets
- Do you have (female) trauma pack? YES NO



## MHP – ‘male’

- Male >18yrs or female >51yrs
- First pack: 4x OPos RBC plus 2x AB FFP
- Second pack: 4x OPos RBC, 2x AB FFP plus 1x emergency platelets
- Do you have male trauma pack? YES NO



## MHP activated Sunday ~ 2pm

- Male, early 30s, femoral aneurysm – active bleeding
- Hgb < 70g/l on Haemacue
- MHP activated
- First MHP pack delivered to Resus in under 40mins from the patient arriving
- Which pack? FEMALE MALE



# Samples arrive in BT laboratory

- 2x G&S samples, labelled correctly according to acceptance criteria. Bar-coded and loaded on to BT analyser
- Patient not known to EKHUFT
- FBC, coagulation screen, biochemistry samples all received & processed
- Anticipate issue of 2<sup>nd</sup> pack? YES NO



# BT Results!

- ANeg, POSITIVE antibody screen **EEEEK!**
- **Inform Resus & Haem reg? YES NO**
- Told that 3x OPos RBC already transfused
- Automated panel set up
- As part of EKHUFT positive antibody screen investigation SOP, check SP-ICE...



# SP-ICE

- Patient is known on SP-ICE from another local Trust
- Sex: **FEMALE**
- NB: very unusual first name, not conventionally associated with male or female





# SP-ICE

- Patient on SP-ICE as ANeg, K- with anti-D
- Not confirmed allo or prophylactic anti-D at the time
- Contact Resus? YES NO



# Resus Contacted!

- Second 'Male' MHP pack withdrawn.
- Patient is still bleeding
- Issue 'female' MHP? YES NO
- Patient to be stabilised & transferred to sister site (vascular)
- Patient questioned re: gender & sex. Male? Female? Trans?
- Patient confirms: Gender & sex: male & all other ID confirmed as correct



## Calm after the storm

- Patient has changed first name & second name over the years (frequent encounters with The Law)
- Patient known IVDU, rhabdomyolysis, probable AKA once stable
- Post transfusion work-up, **all 3 O Pos RBC incompatible 3+**
- But no *visible* transfusion reactions observed



## Follow up on SP-ICE!

- EKHUFT has been paper-free reports for over 2 years
- Do you check NHSBT paper reports for sex? YES NO
- This patient had been entered incorrectly at SP-ICE as 'female' and no way of auditing this unless you check against the website.



# Follow up on patient!

- No clinical symptoms of adverse reaction due to incompatible RBC
- Subsequent blood results *did indicate haemolysis*
- Remained critical in ITU for 1/12
- AKA, transfused 2x RBC intra-operatively
- Discharged home 6 weeks later



# Follow up on BMS!

- Re-assured that they had done absolutely nothing wrong
- Re-assured that the MHP is risk assessed and agreed by HTC
- Re-assured our team that nothing could have been done/ will be done differently
- SHOT reportable as HTR
- Locally reported DATIX as 'low harm' **YES NO**



## Moral of the Story

- Will you now audit your paper reports against SP-ICE  
YES NO
- We look at clinical staff and patient in MHP feedback but do we support the BMS appropriately? YES NO



# Would you do anything differently?

YES NO







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