

# Transfusion in the Residential Care Facility by a Hospital Team - Development of a Policy -

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# RECIPE Service

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- The idea developed from RECIPE service
- RECIPE =
  - REsidential
  - Care
  - Intervention
  - Program in the
  - Elderly
- Part of Northern HARP - CDM



# What is RECIPE?

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- **DHS – HARP funded**
- **Commenced as a Randomised Control Trial (RCT) in 2002**
- **MD for Dr. Penny Harvey**
- **Commenced as a service in 2004**



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# What we learnt from the RCT

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- **Medical outreach service can work in RCF's**
- **Despite exclusion for palliation there was a high mortality**
- **Advance Care Planning (ACP) works when time is spent with the patient & / or family to explain & support the decision making process**



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# What we learnt from the RCT

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- High level of satisfaction from family, GP & RCF's
- Important to work closely with all relevant supports



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# What RECIPE offers

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- Patients enrolled in the program for up to 3 months
- All patients are offered a family meeting
  - ACP is encouraged at this meeting
- Clear care plans are developed
- Early palliative care planning
- Support during hospitalisation
- Option for readmission to the program



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# From a question to practice

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1. Local GP
2. Initial discussion
3. Literature search
4. Development of the policy
5. Service is now routinely offered to all patients from a RCF who meet the criteria



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# Criteria for transfusion

- Accepted into the RECIPE service
- Support of RCF
- Support from GP
- Family consent
- Previous transfusion at TNH
- Advance Care Plan must be completed



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## How it works

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- **Patient referred to RECIPE while an inpatient at TNH**
- **Initial assessment on discharge**
- **Comprehensive medical examination**
- **Family meeting to discuss option of transfusion and completion of ACP**



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UR: XXXXXX  
Surname: XXXXXXX  
Given Name: XXXXXXX  
DOB: XXX/XX/XXXX  
Address: XXX XXXXX

Northern Health Aged Care Outreach Service  
**RECIPE**  
*Residential Care Intervention Program in the Elderly*

**Medical Summary**  
**Care Plan for XXXXXXXXXXXX**  
**Facility XXXXXXXX**  
**Admitted to RECIPE program 20/12/2005**

**Medical History**

Metastatic rectal Ca  
Lymphoma  
Colostomy  
Alzheimer's Disease  
Urinary Retention (permanent IDC)  
UTI

Referred to RECIPE by Integrated Palliative Care (IPC) at The Northern Hospital (TNH) for future transfusion in the nursing home due to transfusion dependent metastatic rectal Cancer. Admitted into TNH Day Procedure Unit (DPU) on 30/11/2005 for X 2 Packed Red Blood Cells.

**21/12/2005 - RECIPE review – Meg Storer (Nurse Consultant)**

Staff stated: have not noted a change as only recently transferred to XXXXXXX & still getting to know XXXXXXXX

Family stated: noted to be withdrawn & similar to how he behaved in the past when he has a UTI

On examination: found ambulating around room, unable to respond to questions but responded to requests to sit on bed, take deep breaths etc

T 39.2, HR 120, BP unable to take due to compliance, RR 18

Conjunctivae- pale

tissue turgor- ok

Chest – clear

Abdo – soft & non-tender, colostomy bag

Nil ankle oedema

IDC - draining

FWT - +ve leuc / blood / protein

Assessment - ? UTI

**RECIPE plan**

1. Monitor bloods: FBE when symptomatic
2. FM planned: RECIPE discussed with family today, family keen to avoid transfer to TNH as it only causes distress for XXXXXXXX being in an unfamiliar environment
3. Discussion of ATP: family has taken away forms & will be discussed with the rest of family, but keen to follow previous discussion from admission to TNH & not for resuscitation
4. Medication changes: oral AB's for ? UTI – discussed with Dr. B XXXX (cover for Dr. XXXXX) phone order from Dr. XXXXX for Keflex 500mg BD & plan is for Dr. XXXX to review XXXXXXXX tomorrow
5. **If temperature >39.5 & / or associated rigors (sweating & shaking) for transfer to TNH via ambulance. If transferring to hospital please send a copy of this care plan**
6. Once ATP has been completed XXXXXXXX can be considered for transfusion in the nursing home via HITH & RECIPE when Hb drops with associated symptoms.
7. If future chest infection or UTI is untreated via oral AB's to consider IV AB's via HITH by contact RECIPE Monday – Friday (08:00-16:00hrs) on 84058712 or transfer to TNH ED for 1<sup>st</sup> dose of IV AB's
8. To consider Panadol 1gm QID (this is to also include BD dose of Panadol that is also charted) for temperature

**When transferring to hospital please send a copy of this care plan.**

If any concerns please call the RECIPE office 84058712 (if no answer leave a message on the answer phone) or mobile 0490595188. The RECIPE office is attended Mon-Fri 8:00-4:00.

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**Resident's Advance Treatment Plan**

THIS ADVANCE TREATMENT PLAN IS made on the

.....day of .....200.....

for:.....  
(resident's name)

by .....  
(resident's or agent's name)

of.....  
(address of signatory)

In the event of a deterioration in the health state of .....  
(resident's name)

the following wishes are to be taken into account:

(tick the box to indicate the preferred option)

NOK to be contacted by doctor: Business Hours  All Hours   
Name Ph  
Alternate Contact Ph

Patient to be: Treated at the residence  In Hospital

Please **do not** consider a feeding tube (but continue to hand feed)

OR

Please consider a feeding tube if swallowing difficulties occur

Please **avoid** blood tests and needles

OR

Please do blood tests and use intravenous medications if they will help

Please **do not resuscitate** (mouth to mouth, chest compressions, etc)

OR

Please do all that doctors advise as appropriate

Resident's Advance Treatment Plan – other wishes (personal, spiritual, special customs) as expressed by resident:

.....  
.....  
.....  
.....  
.....



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# How a transfusion will occur

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- RCF staff contact  
**RECIPE**
- Check FBE by GP
- Discussion with family  
and consent obtained
- Date set for transfusion
- HITH will cross match  
and obtain baseline  
FBE, U&E's, LFT's and  
coagulation profile



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# How a transfusion will work

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- **Patient ID label must be affixed after patient identification confirmed by facility staff**
- **Transfusion administration chart completed**



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# How a transfusion will work

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- Only scheduled for the morning
- Packed cells collected from blood bank
- Blood administration chart completed as per hospital protocol



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# Post Transfusion

- Patient observed for 4 hours post transfusion by RN at facility
- HITH or RECIPE will contact RN to check for no complications
- Repeat FBE taken the next day by HITH
- If stable patient is discharged with summary faxed to GP



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# Case Example

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- **76 year old male**
- **Italian speaking with minimal English**
- **Past Medical history**
  - **Metastatic rectal cancer**
  - **Lymphoma**
  - **AD**
  - **Urinary retention with permanent IDC**
- **Referred by Palliative Care at TNH for option of transfusion in RCF**

# Case Example

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- **Initial RECIPE review in December 2005**
- **Family supportive of transfusion in RCF option**
- **ACP completed**
- **Bloods to be checked if symptomatic**
- **January 2006 RECIPE received a call to inform that resident was fatigued & HB 72**
- **Via HITH transfused X 1 unit RBC**
- **Hb increased to 101**



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# Case Example

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- **March 2006 received call to inform that resident was fatigued & Hb 87**
- **Via HITH transfusion X 1 unit**
- **Hb 91 with no improvement in condition**
- **Resident also actively treated with antibiotics for febrile episodes**



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# Case Example

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- **Family meeting with RECIPE doctor**
- **Outcome cancer and possible ongoing sepsis (despite oral and intravenous antibiotics)**
- **Focus on palliative management**
- **Referral made to Social Work for bereavement support for wife**
- **Referral made to community palliative care**

# Case Example

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- **Patient died 3 weeks later without need to return to hospital during 5 months period following referral**



## In Summary

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- **Feasible alternative to hospital management**
- **All patients who meet the criteria are offered the option of transfusion in the RCF**
- **To date**
  - **4 transfusions have occurred**
  - **14 / 280 patients have been offered the service**



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