Introduction:
This audit was carried out to objectively inspect flaws in technique of blood transfusion in both medical emergency and internal medicine wards.

Methods:
A questionnaire was designed with reference to NICE blood transfusion guidelines 2015 and data was collected from 102 House Officers and Post-graduate Residents after permission from Head of Departments of Internal Medicine. Personal help was available to them while they filled the questionnaire.

Results:
Information regarding reason for transfusion and risks and benefits of blood transfusion is conveyed by 80 (78.4%) of doctors. Transfusion process is explained by 56(54.9%) of doctors and only 44(43.1%) doctors talk about any transfusion needs that are specific to patients. 29(28.4%) of doctors guide about any alternatives to blood transfusion if available and 20(19.6%) tell patients that they are no longer eligible to donate blood. 21 (20.6%) encouraged their patients to ask questions. Regarding documentation, 37(36.3%) doctors do not document this discussion in patient’s notes. Also, 11(10.8%) of doctors do not monitor patient’s condition and vitals before, 16(15.7%) during and 39(38.2%) after transfusion. 32(31.4%) doctors said that they had formal training for blood transfusion, 60(58.8%) said that they do not have that, while 10(9.8%) said that they don’t know if they had any formal training for this purpose or not.

Conclusion:
1) Documented consent, vitals before, during and after transfusion, fresh laboratory investigations after transfusion should be made an integral part of process.
2) Workshops, audits and brief one-to-one meetings with physicians and Installation of algorithms and guidelines should be done.

References:
Figure compares the relationship of formal training of blood transfusion with the ability to manage acute transfusion reactions independently among junior doctors.