

Transfusion practices in a specialist palliative care unit

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Abstract

Background: Anaemia is a common problem in patients with advanced cancer. However, few of these patients receive a blood transfusion. There is little guidance available to help in identifying which groups of patients are more likely to benefit. The decision to transfuse remains based upon patient symptom burden and clinical judgement.

Aims: The main aims of this audit were to outline the use of blood transfusions in patients with advanced cancer in a palliative care unit and to find the impact of blood transfusion on patient symptom burden and survival.

Methods: Retrospective audit of all patients with advanced cancer receiving a blood transfusion in a specialist palliative care unit over an eight month period. Patients receiving cancer treatment were excluded. Data collected included demographics, haemoglobin (Hb) and symptoms pre-transfusion, units transfused, Hb and symptoms post-transfusion and survival post-transfusion.

Results: Over the study period 13 patients were transfused a total of 31 units of blood in 15 transfusion episodes. Most patients received a single transfusion of 2 units of blood with a pre-transfusion mean Hb of 7.06g/dl, and post-transfusion Hb of 8.98g/dl. Blood transfusion produced symptomatic benefit in 73% of all episodes, and mean survival was 35 days after first transfusion.

Conclusion: The decision to transfuse a patient who has advanced cancer remains difficult and requires a considered approach. This audit supports the use of a restrictive blood transfusion policy but highlights the need for clear guidelines to allow clinicians to make evidence-based decisions.

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