

The Trouble with O Neg

Or \pm How low can you go?q

Catherine Lorenzen
Chief Biomedical Scientist
Kent & Canterbury Hospital



Reserve your O Neg for:

- “ Unknown blood group females <51 years
- “ O Neg females <51 years
- “ O Neg patients with allo anti-D
- “ Transfusion dependent O Neg patients



Kent & Canterbury: We're small but perfectly formed!

- “ No A&E or trauma unit
- “ No maternity
- “ No paediatrics
- “ *All vascular surgery for East Kent*
- “ *Large renal unit with multiple PLEX cases*
- “ *Large haemato-oncology unit*
- “ *Increasing numbers of Sickle cell clinics*
- “ *4 hours away from NHSBT Tooting*
- “ *OoH lab staffed by cross trained BMSs*



K&C O Neg stock:

- “ 2014: 4x O Neg (stock) 2x O Neg (FS)
- “ 2016: Introduction of MHP at K&C
- “ 2016: 2x O Neg (stock) 4x O Neg (FS)
- “ 2016: NHSBT \pm O Neg K Posqproject: only 75% of stock O Neg supplied will be K-

The challenge:

- “ At least 50% of our stockpiled Neg will be K+
- “ OoH BMS often does not have BT specialist background
- “ Our lab is already lean during core hours
- “ NHSBT instructions are to select K negative



The Solution:

- “ Lie!
- “ Order all \pm FSqO Neg even if its \pm stock?
- “ Ask NHSBT to remove \pm select K negative?
- “ Order irradiated O Neg?
- “ Apply same rules for K as D?