

Issue 3: June 2017

Welcome to the Severn Pathology Newsletter



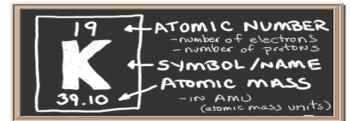
D-dimer results – change in method of notification of results

Historically the North Bristol NHS Trust (NBT) laboratories telephoned positive out-patient and general practice D-dimer results. From Monday 3rd July 2017 we will cease phoning D-dimer results. This change will bring NBT into alignment with other laboratories in the region.

Rationale:

- Consistent with Royal College of Pathologists guidance in “The communication of critical and unexpected pathology results” (July 2016).
- The main indication for a D-dimer test is to help exclude the presence of a thrombosis where there is a low clinical probability of a DVT/PE, rather than rule it in.
- The D-dimer assay is non-specific and produces a large number of false positive results.

Raised Potassiums



Falsely elevated potassium levels are a common and time consuming occurrence in primary care and there are some practical steps practices can take to try and reduce this.

- Ensure the tubes are drawn in the correct order the yellow top biochemistry sample should be taken before the purple top FBC sample
- Samples should kept at room temperature after collection and extremes of temperature should be avoided
- Potassium leaks from cells over time, if potassium is critical try and take the sample as near to a pick up as possible
- Patients with high white blood cell and platelet counts can give falsely high potassium levels; taking blood into a green top lithium heparin tube may reduce this effect
- There may be occasions where potassium is not required or is inappropriate such as blood collected after the last pickup has left. To help in these circumstances we have introduced an electrolyte panel with no potassium included (measures sodium and creatinine) and placed this on the front page of ICE.

Further advice on hyperkalaemia for GPs can be found at

<https://www.nbt.nhs.uk/sites/default/files/Hyperkalaemia%20in%20Primary%20Care.pdf>

Rejected transfusion samples

Rejected transfusion samples will no longer be rung through to the clinical areas unless there is a crossmatch request associated with the sample with some critical exceptions. The samples which are rejected for all other group and hold requests or antenatal requests will be reported in the usual manner and a new sample will need to be sent. This change has been effective from April 2017.

Transfusion Request Form

The blood transfusion request form was updated with a new version and introduced during September 2016. The new version can be ordered through PathologyConsumablesSouthmead@nbt.nhs.uk or via our on-line form at: www.nbt.nhs.uk/severn-pathology/requesting/consumables-ordering (order number 45100 - RVJBTA).

From 31st July 2017, the old versions of the blood transfusion request forms will no longer be accepted. The sample will not be rejected but will not be processed until a new version of the request form has been received. Please ensure that all old versions have been replaced with new version ASAP to avoid any delay in results or blood provision.



Butterfly supplies

Pathology now has a limited supply of 23g Butterfly for blood collection. We will not be fulfilling any orders received for this product but will manage the small supplies we have by issuing a small stock to each ward area/surgery. We hope that this stock, used appropriately, should last for 1 month. We should have further stocks by then to allow a regular resupply at this level.

There is plenty of stock for standard venepuncture kit using the normal straight needles which should always be the first option and choice.

The butterfly needle is the last option for patients who are unable to be bled. The only butterflies that should currently be ordered for blood collection is the ultratouch push button 23g, the other winged butterflies are not for sample collection. These are also significantly more expensive than the standard kit so really should be used only when absolutely necessary. Please can you ensure that all staff knows to use the standard kit first.



Cytology results

Cytology is receiving an increased number of telephone calls from patients. Staff are not authorised to give results directly to patients and are not able to provide any confidential information. This can often be difficult for staff to deal with and very frustrating for the patient. Please do not give patients the laboratory telephone number and if the patient is issued with a copy of their pathology report please delete the laboratory numbers from the report first.

Sample transportation

There have been some issues with the supply of sample transport bags, however this has now been resolved. As a reminder individual samples **must be in sealed** in the appropriately coloured specimen bag as follows:-

- Blood sciences - Red
- Infection Sciences - Blue
- Histology - Yellow
- Cytology - White or white/purple

Samples should then be placed in the correctly coloured transport bag. Do not place samples for separate departments into the same transport bag, as this will cause delays in the laboratory.

If you do not have a supply of transport bags please contact pathology consumables on PathologyConsumablesSouthmead@nbt.nhs.uk or via our on-line form which can be found at:- www.nbt.nhs.uk/severn-pathology/requesting/consumables-ordering

Pathology Sample Labelling

Place label directly under cap

Name & number at top

Barcode straight



Leave visible window so we can see blood volume

Remember: Get it straight—reduce the wait
Do not use faded or partially printed labels

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