



ANZCA

FPM

President

Australian and New Zealand
College of Anaesthetists

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Haemovigilance Project Manager
National Blood Authority
Locked Bag 8430
Canberra ACT 2601

Email: submissions@blood.gov.au

To whom it may concern,

Feedback on draft guidance for the Investigation and Management of Acute Transfusion Reactions

Thank you for the opportunity to provide feedback on the National Blood Authority's draft guidance for the *Investigation and Management of Acute Transfusion Reactions*.

The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine (FPM), is committed to setting the highest standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine. As one of the largest medical colleges in Australia, ANZCA is responsible for the postgraduate training programs of anaesthetists and specialist pain medicine physicians, in addition to promoting best practice and ongoing continuous improvement that contributes to a high quality health system.

ANZCA's Perioperative Allergy Subcommittee has strong ties with the Australian and New Zealand Anaesthetic Allergy Group (ANZAAG). ANZCA understands that ANZAAG also intends to respond to this consultation and, given ANZAAG's specific expertise in the management of perioperative allergy and anaphylaxis, would refer the NBA to that response for more detailed feedback.

Overall, ANZCA commends the NBA on a well-considered document, which is appropriate for the intended audience – predominately junior medical staff and nurses who are responsible for the ward-based management of patients receiving a blood transfusion.

NBA may wish to consider the following suggestions in its next revision of the document:

1.	<p>Reference to intramuscular (IM) adrenaline as a life-saving intervention in severe anaphylaxis should be made early and prominently in the document.</p> <p>Anaphylaxis does not just present with hypotension + wheeze/stridor. The guideline notes under 3.1.1 that rash + hypotension reflects anaphylaxis as well, but in an emergency situation a clinician might not read that far into the document. Reference to IM adrenaline should be made in paragraph 3.1 as well as 3.1.1.</p> <p>In addition, the dose of IM adrenaline (0.3 – 0.5 mg) required in the event of a reaction should be mentioned in the body of the text, and also in the flowchart, which is likely to be the point of first reference, rather than readers having to access another guideline.</p>
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2.	The use of IV adrenaline by critical care practitioners should be mentioned early in the guideline. IV adrenaline is often first line in critical care environments, but its use must be restricted to expert practitioners. Consider including this as part of the flowchart and earlier/more prominently in the main text.
3.	The use of tryptase in the diagnosis of type I hypersensitivity should have greater prominence throughout the guideline.

Thank you again for the opportunity to comment on the draft guidelines. Should you require any further information, please do not hesitate to contact the ANZCA safety and quality policy staff in the first instance at sq@anzca.edu.au.

Yours sincerely



Dr Vanessa Beavis
President