



Platelet Audit Data Entry Guide

This guide is to assist with data entry and to help explain any issues you may have when entering data. A summary report of what you submit will be emailed as soon as practical and will inform you if there are any problems.

Contact the Blood Matters program BestAudit@dhs.vic.gov.au if there is an issue not outlined here.

Report on 30 consecutive platelet transfusion episodes between **1 January 2009 and 30 July 2009**. For hospitals that transfuse platelet very regularly, every third platelet transfusion may be audited, up to a maximum of 30 episodes or for low frequency users all platelet transfusions for this period.

Please submit the data online to the Blood Matters Program by **7 August 2009**.

For entering the transfusion date, please enter
dd / mm / 2009

For entering the age, please enter the age and
select the appropriate units (days, months, years)

Transfusion Date*	<input type="text"/> / <input type="text"/> / <input type="text"/>
	dd / mm / yyyy
Sex:*	<input type="radio"/> Male <input type="radio"/> Female
Age:*	<input type="text"/> <input type="text"/> <input type="text"/>

Hospital code is issued through the Blood Matters program and is stated on the audit form mailed to organisations with instruction sheet.

DO NOT enter hospital UR.

Contact 9096 0476 for your code.

Enter the code in the upper white box and your hospital name will self populate in the grey box.

Audit ID is the number located on your audit sheet, under hospital code. This field will only accept numerical data.

Enter an email address, so a summary report of data can be returned in the short term. Email address does not need to be entered for each audit, but at least once.

Hospital Code:*	<input type="text"/>
Audit ID:*	<input type="text"/>
Hospitals Contact Email to receive confirmation report on data submitted electronically to Blood Matters.	<input type="text"/>

Pathology table will only accept numerical data

Date must be entered if a path result entered and must be entered as dd /mm /yyyy

Pathology
If a pathology result is not provided it will be assumed that the test was not done.

Pre Transfusion	(dd/mm/yyyy)*
Platelet Count x 10 ⁹ /L <input type="text"/>	Date: <input type="text"/>
Post Transfusion	(dd/mm/yyyy)*
Platelet Count <input type="text"/>	Date: <input type="text"/>

Platelet units transfused, only numerical data will be accepted. One transfusion episode may include whole blood derived pooled platelets and/or apheresis units and paediatric.

Platelets Transfused * No of Bags: Type of bags *

<input type="checkbox"/> Apheresis
<input type="checkbox"/> Pooled platelets
<input type="checkbox"/> Paediatric

The following questions, only one response per question. If you answer 'no' to 'active bleeding', the following question to 'did the bleeding cease' does not require an answer. Refer to instruction sheets for definitions.

Enter the location of where the transfusion took place.

Active Bleeding up to 24 hours before transfusion * Yes No

If Yes, did the bleeding cease within 6 hours of transfusion? * Yes No Unable to determine

Surgery/Invasive Procedure 24 hours before, during, or after transfusion* Yes No

Patient location in hospital * Theatre

ICU

Ward

Other, please specify

Refer to instruction sheets for definitions and list of medications.

Fever *
(> or equivalent to 38°C) * Yes No

Laboratory *
coagulation abnormality
(greater than 1.5 x upper limit reference range) Yes No

Anti-platelet drugs *
Eg Aspirin, ReoPro, Clopidogrel (Plavix)
in the 5 days prior to transfusion Yes, please state No

Uraemia *
(creatinine is >200µmol/l) Yes No

Cardiopulmonary Bypass *
(longer than 2 hours or with deep hypothermic arrest or ECMO) Yes No

IV Antibiotics or antifungals * Yes No

This is a free text field so that you can add your patient's diagnosis and also add relevant comments including any numerical data that requires explanation, or procedures that took place

Patient Diagnosis (also use for other relevant comments, e.g., risks details):*

Recorded indication, more than one response can be accepted if there are multiple reasons for the transfusion

Once you have completed all data fields and you are happy with your entries, hit the **submit data** button.

Only use the reset form button if you need to clear the current form you have entered data with: it will not send any data.

If you have any issues please email BestAudit@dhs.vic.gov.au

Is the indication for Transfusion recorded in the medical record? Yes No

Recorded Indication:

- Prophylaxis bone marrow failure (Platelets <10)
- Prophylaxis bone marrow failure & risk factors (Platelets <20)
- Massive haemorrhage/transfusion & platelets <50
- Prophylaxis for surgery/invasive procedure (Platelets <50)
- Abnormal microvascular bleeding & platelets <100
- Documented platelet function disorder
- Other (Please specify):

Submit Data

Reset Form

Email questions or comments: BestAudit@dhs.vic.gov.au

**HOSPITALS NEEDING TO EDIT DATA MUST
RESUBMIT DATA VIA WEB THE APPLICATION – BY
RESUBMITTING DATA UNDER SAME AUDIT ID**