



Red Blood Cell 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 up to 30 consecutive major orthopaedic joint (Total hips and knees) procedures, whether transfusion episodes occurred or not between **1 January 2009 and 31 December 2009**. For hospitals that have regular surgical procedures, every third episode may be audited, up to a maximum of 30 episodes or for low surgery procedures all surgical procedures for this period.

Please submit the data online to the Blood Matters Program by **7 January 2010**.

Select your hospital from the drop down list for each audit. Type in the first letter of your hospital name, this will take you directly to all hospitals starting with that letter.

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

* = Mandatory

Form 2: Clinical Audit of Red Blood Cell Use in Orthopaedic Surgery

Patient Details	
Hospital *:	<input type="text" value="-- Please select a value"/>
Sex *:	<input type="radio"/> M <input type="radio"/> F
Co-morbidities	<input type="checkbox"/>
Coronary artery disease	<input type="checkbox"/>
Chronic lung disease	<input type="checkbox"/>
Haematological disorders	<input type="checkbox"/>
Other	<input type="checkbox"/>
Audit ID *:	<input type="text"/>
Age *:	<input type="text"/> <input type="button" value="Please select"/>

Demographics are male or female and age of patient. Remember to select years, months or days.

Sex*: <input type="radio"/> Male <input type="radio"/> Female	Age: * <input type="text"/> Please select ▼
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Co-morbidities assist with possible indications for the transfusion.

Co-morbidities	
Coronary artery disease	<input type="checkbox"/>
Chronic lung disease	<input type="checkbox"/>
Haematological Disorder	<input type="checkbox"/>
Other	<input type="checkbox"/> <input type="text"/>

Please enter the date of surgery as dd/mm/yyyy. **For example 02/10/2009**

Each joint procedure maybe a primary or revision surgery and at times both joints are operated on at the same time. Please indicate this by ticking bilateral.

Surgery Details				
Date of Surgery: *	<input type="text"/> dd/mm/yyyy			
Replacement of: *	<input type="checkbox"/> Total Hip	<input type="checkbox"/> Bilateral	Replacement Type: *	<input type="radio"/> Primary
	<input type="checkbox"/> Total Knee	<input type="checkbox"/> Bilateral		<input type="radio"/> Revision
				<input type="radio"/> Primary
				<input type="radio"/> Revision

This section is to outline any blood management practices that may have been undertaken for this patient's surgery.

Blood Management				
Autologous pre-donation*	<input type="radio"/> Yes	<input type="radio"/> No	Number of autologous units collected:	<input type="text"/> Not applicable ▼
Intraoperative Salvage	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Postoperative Salvage	<input type="radio"/> Yes <input checked="" type="radio"/> No

Please indicate whether a transfusion of red cells has been administered. The number should stay at zero for those not transfused Allogeneic or Autologous blood.

Pre Transfusion Hb measurements are the results recorded closest to the time of transfusion intra operatively (or within 24 hours) and also 24 hours or more after surgery.

Red Cell Transfusion					
	Pre-Transfusion Hb g/dL	Record of Pre-Transfusion Symptoms		No. Units Transfused	
				Donor Blood (Number of allogeneic)	Pts own blood (Number of autologous)
Intraoperatively or within 24 hrs of surgery	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text" value="0"/>	<input type="text" value="0"/>
24 hrs or more AFTER surgery	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text" value="0"/>	<input type="text" value="0"/>

Haemoglobin results, including a pre op MCV will assist with recognising pre operative anaemia and post operative Hb to look at over transfusion rates. Date of test should be written as dd/mm/yyyy. If no results available please leave blank and check the relevant "Not Available" checkbox.

Haemoglobin Results				
	Date of Test dd/mm/yyyy	Result g/dl	MCV Result (fl)	Not available
Pre op Hb	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Post op Hb (within 48 hrs of surgery)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Pre Discharge Hb (day 3 or beyond ie. the last recorded Hb)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Use the comments section to add any details that cannot be explained through the audit questions. If you could also enter an email address, so a summary report can be returned to you.

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

Comments:



All date fields feature a popup calendar for date selection which activates when the field is clicked. Dates can still be manually entered if preferred.

HOSPITALS NEEDING TO EDIT DATA MUST RESUBMIT DATA VIA WEB THE APPLICATION – BY RESUBMITTING DATA UNDER SAME AUDIT ID. THIS WILL OVERWRITE YOUR PREVIOUS ENTRY UNDER THAT AUDIT ID.