**Audit of Fresh frozen plasma practice 2023**

**Data collection tool only – submit online**

**This tool has been designed to assist with data collection. Before use, please download the full audit questions, to understand the abbreviations used in the collection tool. (**<https://www.health.vic.gov.au/patient-care/blood-matters-program> **or** <https://audit.transfusion.com.au/>**)**

| **Audit number (entry code)** |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Demographics** |  |  |  |  |  |  |
| Patient age:  | 18-35 36-60 >60 |  |  |  |  |  |
| Gender: | Male Female Unkn |  |  |  |  |  |
| Weight (kg) |  |  |  |  |  |  |
| Admission diagnosis | *(free text)* |  |  |  |  |  |
| Prescriber: | General physician IntensivistHaematologist AnaesthetistSurgeon GastroenterologistEmergency/trauma Unknown |  |  |  |  |  |
| **Indications** |  |  |  |  |  |  |
| **Date of the FFP transfusion** |  |  |  |  |  |  |
| **Prescribed as part of TPE**  | Yes/No/Unknown |  |  |  |  |  |
|  Indication for TPE | TTPImmune/rheumatologyPre/post organ transplant |  |  |  |  |  |
|  Surgery/procedure within 24 hr | Yes/No |  |  |  |  |  |
| **Prescribed to reverse warfarin** | **Yes/No** |  |  |  |  |  |
|  Patient bleeding, requiring urgent surgery or recent surgery | Yes/No |  |  |  |  |  |
|  Was bleeding critical | Yes/No |  |  |  |  |  |
|  Prothrombinex available | Yes/No/Unsure |  |  |  |  |  |
|  Was Prothrombinex administered | Yes/No/Unsure |  |  |  |  |  |
| **Prescribed as part of MHP** | Yes/No/Unknown |  |  |  |  |  |
|  Units of RBC given |  |  |  |  |  |  |
|  MHP used for | Surgical bleed (not related to trauma)Trauma Gastro bleedObstetric bleed Other |  |  |  |  |  |
| **Additional indications for FFP** | Prior to surgery Prior to radiologyLiver disease DICOther Unknown |  |  |  |  |  |
| **Indication & prescription** |  |  |  |  |  |  |
| Pretransfusion INR closest to transfusion | <1.5 1.5-1.81.8 Unknown |  |  |  |  |  |
| Actual INR |  |  |  |  |  |  |
| Prescribed FFP units (number of bags = units) |  |  |  |  |  |  |
| Type of pre-transfusion testing | INRVisoelastic testing (RoTEM/TEG)INR & visoelastic testingNo testingUnknown |  |  |  |  |  |
| Was indication documented in the medical records by the prescriber | Yes/No |  |  |  |  |  |
|  Select indication | Comment & INRINR onlyComment only |  |  |  |  |  |
| **Select the category that best fits with this FFP transfusion episode** | MHP Reversal warfarin TPEINR<1.5 INR1.5-1.8 INR>1.8For INR: With Indication No indication |  |  |  |  |  |
| **Post transfusion** |  |  |  |  |  |  |
| Documented bleeding in 24 hours post FFP transfusion | Yes/No/Unknown |  |  |  |  |  |
| Was INR rechecked post FFP | Yes/No/Unknown |  |  |  |  |  |
|  Record INR |  |  |  |  |  |  |
| **Was an adverse transfusion event documented** | **Yes/No/Unknown** |  |  |  |  |  |
| Brief description | (free text) |  |  |  |  |  |

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