

Appendix 6

USE OF BLOOD PRODUCTS IN PALLIATIVE CARE

Transfusion of blood products in patients with advanced and life-threatening disease can be a lead to difficult ethical and clinical situations.

There are two common scenarios encountered:

- ➔ A new situation arises in which giving a transfusion may alleviate symptoms (for instance, bleeding from a tumour which has caused a patient to become anaemic and have symptoms of fatigue and breathlessness)
- ➔ An ongoing disease process in which the transfusion of blood products has been part of normal supportive care. As the disease progresses the question arises whether these should be continued (for instance, with a child with relapsed leukemia for whom there is no further curative therapy)

In both situations within the context of patient's wishes and prognosis there should be a balance between the benefits of transfusion and the burden and possible harm (see comments regarding Balanced Care on page 10).

At all times the patient and family/caregivers should be part of the process of deciding whether a transfusion should take place or regular transfusions should be ceased.

Red Blood Cells

- ➔ If the patient is found to be anaemic transfusion may help symptoms of weakness, fatigue, breathlessness and headache
- ➔ If the life expectancy of the patient allows, a trial of the transfusion of red cells may be warranted. If the patient continues to be

anaemic further transfusions may be warranted

- ➔ If the patient deteriorates then continued transfusion may become futile or increasingly burdensome
- ➔ Adverse effects such as fluid overload and transfusion reactions should be monitored in the usual manner

Platelet Transfusion

- ➔ Transfused platelets last only two days inside the patient
- ➔ May be considered, in the setting of distressing spontaneous bleeding for patients whose prognosis makes the transfusion worthwhile
- ➔ Should generally NOT be considered to prevent possible bleeding unless there is a specific reason to prevent spontaneous bleeding (i.e. during travel)

Fresh Frozen Plasma

May be considered in special circumstances in palliative care when coagulation is affected by:

- ➔ Warfarin overdose
- ➔ Liver disease
- ➔ Disseminated intravascular coagulation (DIC)