Hospital Clinical Guidelines
EVIDENCE TABLE
GUIDELINE TOPIC: Blood Transfusion, Consent, Documentation and Administration

Please record all references used in developing the clinical guideline. This form must be filled out electronically and emailed to Jody.Smith@rch.org.au
NB: If you need assistance with completing this table, please contact Jody Smith on x 6956.

Reference ***(include title, author, journal title, year of publication, volume and issue, pages)***	**Method**	**Evidence level (I-V)**	**Summary of recommendation from this reference (point form)**
"Guidelines for the administration of blood components". Australian and New Zealand Society of Blood Transfusion Inc. Royal College of Nursing Australia. 2004, 12-18	Guidelines	V	Wherever possible sound scientific evidence has been used to support practice. In the absence of such evidence consensus opinion has been used based on international guidelines and expert opinion.
Transfusion Medicine Manual Australian Red Cross Blood Service, 2003, 26-31	Guidelines	V	The information contained in this manual is believed to reflect best clinical practice at the time of publication. Where good evidence is not available, this manual reflects our best effort to give a balanced view of the current opinion about clinical practice in transfusion for patients in Australia.
Handbook of Transfusion Medicine, 3rd Edition. Blood Transfusion Services of the United Kingdom, 2001, iii,25-9	Guidelines	V	We have tried to use the best available evidence about effective treatment. Where good evidence is not available, we have tried to give a balanced view of current opinion about good clinical practice.
The clinical use of blood. World Health Organization, 2001, 156-8	Guidelines	V	The materials have been written by an international team of clinical and blood transfusion medicine specialists and have been reviewed by a large number of specialists throughout the world.
Perception of Blood Transfusion Risk. D. Lee, Transfusion Medicine Reviews, Volume 20, Issue 2, Pages 141-148	Survey	V	This review summarizes some of the principles of risk perception as applicable to transfusion medicine.

Guidelines for the administration of blood and components and the management of transfused patients. British Committee for Standards in Haematology, working party, 1999	Guidelines	V	In developing the guideline, sound scientific evidence has been examined as is available, relevant literature and expert consensus statements have been reviewed. The recommendations in these guidelines are based on uncontrolled observational studies and a consensus expert opinion. Well designed case-control studies and RCT's are lacking in this area and further research is required to provide firm evidence for the future.
Administration of Blood Products through the Alaris™ Signature Edition Infusion System and Signature Edition Gold Infusion System with Guardrails Software. Hassler, R, 2004.	Product Information	V	Observation: Red Cells and Pooled platelets were pumped through the signature edition pumps and allowed to free-flow through "a normal" giving sets. Giving sets were analysed Findings: • No significant damage or haemolysis. • Platelets were not found to adhere to the giving set.

Level of Evidence
Clinical Guidelines
Royal Children's Hospital

The Hierarchy of Evidence

The Hierarchy of evidence is based on the National Health and Medical Research Council (2000) and Oxford Centre for Evidence-based Medicine Levels of Evidence (May 2001)

I Evidence obtained from a systematic review of all relevant randomised control trials.

II Evidence obtained from at least one properly designed randomised control trial.

III-1 Evidence obtained from well-designed pseudo-randomised controlled trials (alternative allocation or some other method).

III-2 Evidence obtained from comparative studies (including systematic reviews of such studies) with concurrent controls and allocation not randomised, cohort studies, case control studies, or interrupted time series with a control group.

III-3 Evidence obtained from comparative studies with historical control, two or more single–arm studies, or interrupted time series without a parallel control group.

IV Evidence obtained from case-series, either post-test or pre-test and post test.

V Expert opinion without critical appraisal, or based on physiology, bench research, or historically based clinical principles.

Clinical guidelines are based on reviews of the best available evidence. **Level 1 evidence represents the gold standard for intervention studies;** however it is not available for all areas of practice and for some guidelines it may be appropriate to utilise results from studies with lower levels of evidence. Some clinical guidelines may also be informed by experts in the field, locally (RCH) and internationally (Journal articles) (expert opinion) etc. This NHMRC Hierarchy can be used to grade evidence. Please record details on the evidence table and return to Clinical Quality and Safety (CQS) with guideline draft. The Evidence table can be filled out electronically or printed and used as a hard copy.

Please contact Jody Smith Clinical Guideline and Path Coordinator on ext 6956 if you have any concerns or require assistance.