

Clinical Guideline Evidence Table
Royal Children's Hospital Australia

EVIDENCE TABLE – Guideline Topic: Administration of Fresh Blood Products

Please record all resources used in developing Clinical Guideline. This form can be filled out electronically and email or printed as a hard copy. This needs to be submitted to the HCG publisher jody.smith@rch.org.au with the final version your guideline before the CPG can be published on the web.

Title Title of Study or Article	Level (I - IV)	Author/s Surname/s and Initials	Source - Journal Title - Date of Publication - Volume and Issue Number - Pages	Comments – please include. Data Base Searched 'Keywords' searched Study design, size of sample etc
Handbook of Transfusion Medicine, 3rd Edition	V	Blood transfusion Services UK, 2001, chapter 5	Used the best available evidence about effective treatment. Where good evidence is not available, the authors have tried to give a balanced view of current opinion about good clinical practice.	Provides information on pretransfusion checking of patient and blood products, time limits for infusing blood products and blood administration sets and equipment.
The clinical use of blood	V	World Health Organization, 2001, Chapter 6	The Materials are written by an international team of clinical and blood transfusion medicine specialists and have been reviewed by a wide range of specialists throughout the world.	Topics covered include Transfusion reactions, storage of blood products, pretransfusion checks, time limits of transfusion, disposable equipment for blood administration and monitoring of the transfused patient
Blood Component Information, circular of information	V	Australian Red Cross Blood Service, 2006	Product information, current ANZSBT recommendations and guidelines used as well as NHMRC guidelines.	Contains information on all of the blood products produced by red cross, including indications for use, storage of products.
Transfusion Medicine Manual 2003	V	Australian Red Cross blood service, 2003	The information is believed to reflect best clinical practice at the time of publication. Where good evidence is not available, the manual reflects ARCBS best effort to get a balanced and current opinion about clinical practice in transfusion for patients in Australia.	Chapters covering the administration of blood components and transfusion reactions.

The Hierarchy of Evidence

The National Health and Medical Research Council

- I** Evidence obtained from a systematic review of all relevant randomised controlled trials.
- II** Evidence obtained from at least one properly designed randomised controlled trial.
- III-1** Evidence obtained from well-designed pseudo-randomised controlled trials (alternate allocation or some other method).
- III-2** Evidence obtained from comparative 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.

Clinical Guidelines are based on reviews of the best available evidence. Level I 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 CQS with guideline draft. The Evidence table can be filled out electronically or printed and used as a hard copy

Please contact CQS if you have any concerns or require assistance.