

Prathama Education Services

Avoid
Blood
Transfusion
if you can

HIV HCV
Hep. B



प्रथमा

**PRATHAMA
BLOOD CENTRE**
AHMEDABAD



We at Prathama are doing our best to enhance the safety of blood transfusion by taking the following steps.

- 1. Rigorous Donor Screening :** We defer almost 35% of blood donors for their safety and that of the patients. Our rigorous screening protocol ensures that only the healthy donors are part of the procedure.
- 2. More than 45% Repeat Blood Donors :** Our team regularly request blood donors to become regular donors and as a result >45% of our blood comes from repeat donors. Repeat donors are undoubtedly safer, more learned and experienced about the procedure adding to patient's and donor's safety.
- 3. Hepatitis B immunization for Regular Donors :** >5000 of our regular blood donors are also immunized for Hepatitis B.
- 4. Accurate Testing :** Over the last 10 years we have perfected and refined our protocol for

accurate testing to make blood safer. Our use of automation and highly sensitive ELISA kits eliminate manual error, which otherwise is a major source of risk in transfusion medicine.

5. Organization Wide Automation : Each unit of blood is processed through 139 SOPs, barcode system and multifaceted software which ensure total security and speedy procedure.

6. Experienced Technical Team : Well experienced team with many years of working at Prathama has brought in more security and predictability. This ensures that our procedures are standardized and get desired predictable results.

7. ISO 9001:2008 & NABH Certification : Prathama is certified for ISO9001 and NABH. This ensures consistently high quality and services.

8. 100 % Shift to Blood Components : Prathama became India's first 100% Blood Component blood centre to provide maximum safety and benefit to donors and the patients.

Use of whole blood is waste of a precious human organ like blood. No where in developed countries whole blood is used. There are 3 critical reasons for the same.

- i. Whole blood is unstable outside the body. Platelet and clotting factors denature quickly outside body.
- ii. Different blood components need different storage conditions. Red cells stored at 4°C for 42 days, platelet stored at 22°C on shaking platform upto 5 days, fresh frozen plasma and cryo stored at -30°C

for one year and CPP stored at -30°C for upto 5 years. The moment all components are stored as whole blood at 4°C , platelet clotting factors become ineffective and there is no point transfusing ineffective components.

- iii. Give only what a patient wants - This is the only scientific approach. Any clinical condition would need any of the above mentioned active blood components or a combination in different ratio but never whole blood as such. Every time someone uses the whole blood, remember, with blood components 4 lives could have been saved with same unit of whole blood. We may be stealing away someone's chance to live.

Despite all the precautions, we still suggest restricting the use of blood as it is a precious resource, in short supply and it carries the risk of Transfusion Transmitted Diseases.



We are all aware blood transfusion is one of the leading life saving medical procedures across the world. At the same time the risk associated with the blood transfusion is higher in developing countries including India, where voluntary blood donations are low. Some blood banks have inadequate infrastructure and manpower. Most of the blood is not tested for NAT/PCR. Every year significant blood recipients become positive for HIV, Hep.B and HCV. Considering this, we suggest blood transfusion should be avoided as far as it is possible. Clinicians can do the following for the same.

1. Avoid transfusing red cells to anemic patients but find the exact reason for anemia and treat the root cause.
2. Always avoid single unit blood transfusion as it does not serve much purpose but adds to the risk for the patient.
3. In case of Thrombocytopenia watch the symptoms before resorting to platelet transfusion. Studies clearly indicate that a platelet concentration of 20,000 cells per cc or even lower are sufficient unless symptoms of Thrombocytopenia.
4. Never ever transfuse whole blood.



**Issued for Public
and Medical fraternity Interest**



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