Paediatric Special Interest Group: British Society of Haematology

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THE CONSEQUENCES OF UNNECESSARY REQUESTING AND REPORTING OF THE DIRECT ANTIGLOBULIN TEST IN NEONATES

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Background BSH (British Society of Haematology) guidelines recommend that the Direct Antiglobulin Test (DAT) is only requested when clinically indicated in neonates. Prophylactic anti-D (PAD) administered routinely to Rh D Negative mothers during pregnancy can cause a positive DAT in the neonate that is not clinically relevant as PAD does not cause significant haemolysis (Dillon et al., 2011, Maayan-Metzger et al., 2001). However, it is common practice for clinicians to request 'Group and DAT' on all cord/heel prick samples that they send to the Transfusion Laboratory.

Objectives To analyse data on DAT testing in neonates performed by the Transfusion Laboratory Service at St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) over a 12 month period. The aim was to establish if the test was clinically indicated and what further intervention a positive result prompted.

Methods A list of all DATs performed on neonates (< 4 months of age) by the STHK transfusion service from 1st January 2020 to 31st December 2020 was retrospectively gathered. Positive DATs were further investigated to establish the impact of the positive result; clinical indication, additional investigations performed on newborns, treatment given, length of stay, documented DAT results, costs and family burden.

Results During the audit period, 1037 DATs were performed on neonates at STHK. Of these, 7.6% (n=79) were positive. Of the positive cases, 58% (n= 46) were indicated due to maternal antibodies, PAD detected before 28 weeks, and neonatal anaemia/jaundice. A vast majority of these DAT results were very weakly positive (97%). In 42% (n=33) of the positive cases, no laboratory indications were identified. Importantly, 33% (n=12) of this group were given intervention even though no clinical indications were present. Interventions included SBR, repeat DCT, FBC testing, folic acid administration, phototherapy, paediatric consult or 2/4/6 week review at a paediatric out patient department with a repeat blood test.

Conclusions The reporting of non-clinically indicated DATs in neonates of mothers who have received PAD is a financial burden and leads to unnecessary interventions, such as additional venepuncture and folic acid administration in non-symptomatic neonates. Additional teaching sessions and better policies need to be introduced to reduce this practice. Laboratory staff should also be empowered to question the clinical relevance of DATs if requesters fails to provide clinical details.

British Paediatric Allergy Immunity and Infection Group

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PATIENTS' EXPERIENCE OF TELEMEDICINE IN PAEDIATRIC ALLERGY

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Background Patients' access to health care has undergone a rapid and dramatic adjustment due to the COVID-19 pandemic. Outpatient in-person consultations had to be replaced nearly entirely with telephone or video appointments. Remote clinics are an alternative way of running outpatient services, reducing the need for travel to the hospital. Investigating patients' acceptance of moving towards remote consultations in the long-term is essential to guide future service development.

Objectives To evaluate satisfaction with telephone and video consultations of Paediatric allergy outpatients and their carers during COVID-19 and thus the feasibility of using telemedicine in this department beyond the pandemic. Additionally, the paper identifies categories of patients for whom face-to-face contact should be maintained.

Methods This was a prospective data collection involving telephone surveys as the primary source of data. Participants were asked about their experience with remote consultations and their preference when compared with face-to-face consultations. The data was collected in a tertiary level Paediatric allergy department in central London from April to August 2020.

Results Fifty questionnaires were completed, of which 80% were follow-up clinics. Ninety percent were phone consultations while the remaining were video-calls. The overall quality and experience was rated highly (4.5/5), specifically on clear explanations and follow-up discussion (4.8/5). Half of those interviewed felt a remote consultation was adequate; 47% patients were brought in for additional testing. Highlighted issues specific to remote consultations included poor audio quality (10%), problems with video (2%), and concerns over others listening in (2%). General issues included not confirming the patient's identity (6%) or asking who else was present (52%). The majority of parents said they would have remote consultations in the future (70% sometimes, 12% always).

The benefits of remote consultations were themed mostly around convenience, with 'no travel', 'no time off school/work', and 'no waste of time/money' often being quoted. Participants also suggested that the majority of GPs were happy to prescribe medicines following the appointment. Conversely, the reasons against remote consultations were varied. The single common theme was the need for the patient and doctor to see each other. Reasons for this included non-verbal communication, perceived improved diagnosis in dermatological conditions, and a more personable consultation.