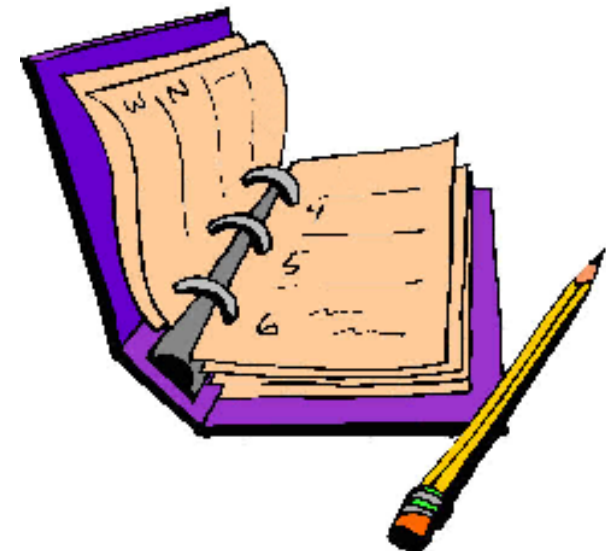




Hospice
no end
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Hospice Association
of the Witwatersrand

Patient Information Booklet Anaemia and Blood



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What is anaemia?

Anaemia is a reduction in the number of red blood cells in the blood. Many hospice patients will develop anaemia at some time during their illness. This can be due to the disease or its treatment, including chemotherapy and radiotherapy. If the level of red blood cells (haemoglobin) in your blood is low, you may become very tired (lethargic) and feel that you have no energy. This is because the amount of oxygen being carried around your body has decreased. You may also become breathless.

Blood tests—you will have a blood test to check your haemoglobin level if you have symptoms of anaemia. This is known as a full blood count (FBC).



Your hospice sister or doctor may recommend that you have a blood transfusion if your haemoglobin level is low. A blood transfusion means that blood is given by a drip (infusion) into one of your veins. The blood contains extra red cells, which will pick up the oxygen from your lungs and take it around the body to other tissues and organs. You will then have more energy and the breathlessness will be eased.

What are the treatments for anaemia?

There are different treatments for anaemia depending on what is causing it. Blood transfusions are a simple way of correcting anaemia. The symptoms of anaemia are often relieved quickly and you should notice a benefit 24 hours after having the transfusion. Transfusions may be used alone or together with other forms of treatment for anaemia. The beneficial effects of a blood transfusion can be temporary and some people need further transfusions. Some patients do not require a blood transfusion and will be prescribed iron medication or other medication to reduce anaemia.

Having a blood transfusion

Before a blood transfusion is given, the blood must be cross-matched to ensure that it is compatible with your own blood. This involves taking a sample of your blood to identify your blood group and matching it with suitable donor blood. This procedure ensures that the blood you are given will not make you unwell.



The transfusion itself involves a small plastic tube, known as a cannula, being placed into a vein in your hand or arm. This is then connected to a drip. The blood is then run through the drip.

Blood for transfusion is stored in small plastic bags. Each bag is called a unit of blood and is about a pint ($\frac{1}{2}$ litre). Transfusions usually involve giving 2-4 units, depending on how anaemic you are. Each unit is given over a period of 2-4 hours. When the transfusion is finished the drip is taken down and the cannula can be removed.

Monitoring during a blood transfusion

While you receive the blood transfusion the nurses will monitor your temperature, blood pressure and pulse rate regularly to make sure you are stable and have no adverse effects.

Other medication during a blood transfusion

Patients are usually given a diuretic/water pill or injection such as Lasix® during a blood transfusion. This is to prevent you from becoming overloaded with fluid and to flush out your kidneys. You may feel the need to pass urine more frequently as a result.

Will I have to sleep over in the In Patient Unit after a blood transfusion?

Most patients are able to go home the same day after a blood transfusion but sometimes it is better for a patient to stay overnight for monitoring or for stabilisation, especially when there are other symptoms that also need to be managed.