

Can We Talk?

The importance of communication

Peggy Baker, MT(ASCP)SBB
North Kansas City Hospital

First visit

2011

- ▶ 18 y/o female
- ▶ Worsening bloody diarrhea
- ▶ O negative
- ▶ Antibody screen negative
- ▶ Shiga toxin + E.coli
- ▶ Final diagnosis
 - HUS 2° E.coli 157

Treatment

- ▶ 10/23/11
 - Therapeutic Plasma Exchange
 - 10 O+ plasma, 1 O= plasma
 - ▶ 10/24/11
 - Therapeutic Plasma Exchange
 - 7 O+ plasma, 4 O= plasma
- 

Fast Forward

- ▶ 12/26/16
 - O negative
 - Antibody screen – positive
 - Anti-D, Anti-C
 - Rhlg administered 11/1/16

Who found it?

- ▶ Outside lab results 10/12/16
 - Anti-D, titer 1:32
 - Anti-C, titer 1:4
 - From TPE when 18??

First Baby

- ▶ Baby boy delivered 12/27/16
 - O positive
 - DAT- 2+
 - Eluate- Anti-D, Anti-C
 - Patient cells C negative
 - Bilirubin rose to 11g/dl
 - 1 RBC aliquot transfusion in NICU

Second Baby

- ▶ Pre-delivery specimen
 - O negative, Aby screen positive
 - Anti-D, Anti-C
- ▶ Delivered baby boy 8/30/18
- ▶ O negative
- ▶ DAT negative

Happy Dance!!



WAIT, WHAT?????

- ▶ Call from the NP caring for baby
 - How can DAT be negative?
 - Baby is Rh Positive

Important information to know

- ▶ 2/13/18
 - Anti-D, titer 1:256
 - Anti-C, titer 1:16
- ▶ 6/21/18 – Genetic screen of baby for D
- ▶ 7/11/18 – Baby D positive
- ▶ Final titer Anti-D, 1:>2048, Anti-C, 1:512

- ▶ IUT began 6/29/18
 - 6/29–8/17 baby received 493 ml O negative RBC

Final confirmation

- ▶ Performed KB stain on cord blood
 - >99% adult cells
 - <1% fetal cells

- ▶ Patient has decided that her family is complete

Final Thoughts

- ▶ Stress importance of information to patient
 - Provide a card or letter
 - ▶ Information shared between facilities
 - Kudos to Community Blood Center for the registry
 - ▶ Improve interdepartmental communication
 - ▶ Treatment at one facility
- 

THANK YOU!!!

