NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Anti-D Guide Flowchart Following Potentially Sensitising Events in Rhesus Negative Women, Obstetrics

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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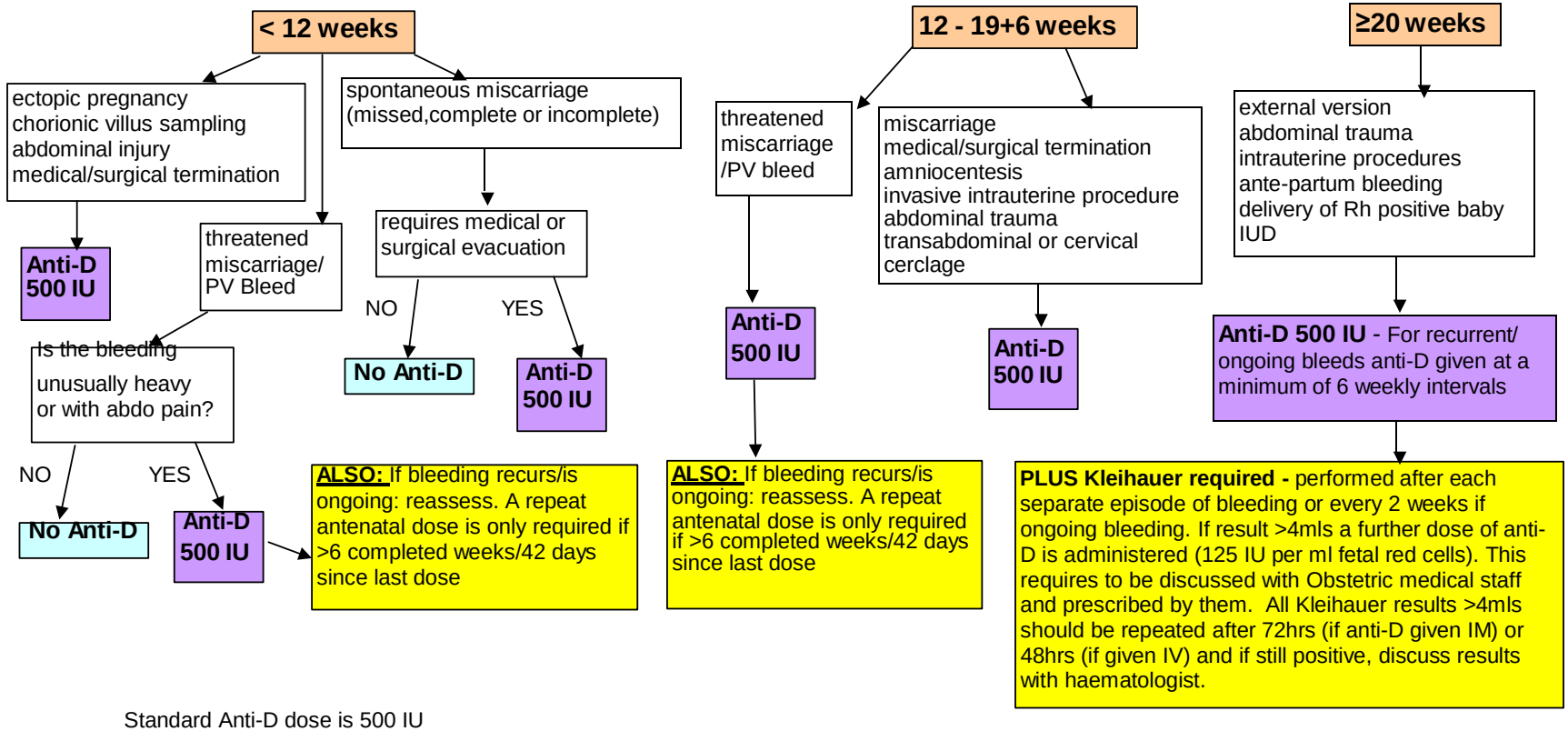
Approval Group:	Obstetrics Clinical Governance Group

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Flowchart for Rh(D) Negative Antenatal patients following a Potentially Sensitising Event (if not already sensitised)



Standard Anti-D dose is 500 IU

Where anti-D is to be administered, this should be as soon as possible but always within 72 hours of the potentially sensitising event. If it is not given within 72 hours, every effort should still be made to administer the anti-D, as a dose given within 10 days may provide some protection.

If there is uncertainty about dates it may be safer to administer anti-D. A group and retain sample should be sent to the Lab prior to administration of Anti-D

Anti-D administered via this flowchart will not affect, or be affected by RAADP.

Flowchart to be used in conjunction with other guidelines i.e. Antepartum Haemorrhage.