

## Transfusion Medicine Assessment

### Preparing and Administering a Transfusion: Packed Red Blood Cells, Platelets, Cryoprecipitate & FFP

Name of member of staff:	Name of assessor:
Designation & level:	Designation & level:
Ward/Department:	Contact details:
Contact details:	Signature of assessor:
Signature of assessee:	Date of assessment:

### Observational assessment

Core competency	Please put a tick or cross to show whether or not the member of staff completed the task	Notes for assessors
<p><b>1 Pre-transfusion</b> did the staff member check:</p> <ul style="list-style-type: none"> <li>a) Documentation?</li> <li>b) Equipment?</li> <li>c) Patient?</li> <li>d) Blood component?</li> <li>e) Personal?</li> </ul> <ul style="list-style-type: none"> <li>a) <b>documentation:</b> check M.O. has completed <i>IV Order</i> form with any special requirements ordered, patient has signed consent, <i>Blood Product Observation</i> chart available and <i>Transfusion History Record</i> available.</li> <li>b) <b>equipment:</b> check that all equipment is available and (i.e. blood giving set, IMED pump)</li> <li>c) <b>patient:</b> carry out a baseline assessment of the patient; check venous access is patent prior to blood being collected from the fridge</li> <li>d) <b>blood component:</b> visually inspects blood product, expiry dates, special transfusion requirements and ABO Rh[D] &amp; donation no. are identical on blood bag and blood label</li> <li>e) <b>personal:</b> clean hands, wear personal protective equipment and adhere to infection control guidelines at all times</li> </ul>		<p>Give a tick or cross for each point separately.</p>

<p><b>2 Patient identification for the conscious patient</b></p> <p>Did the member of staff ask the patient to state their:</p> <p>a) full name?        b) date of birth?</p> <p>Did the member of staff check:</p> <p>c) the details on the identity band were legible &amp; match patient's verbal identity?</p> <p>Did the Staff member check?</p> <p>d) the information on the blood product label/tag corresponds with patient and identity band above?</p>		
<p><b>3 Patient identification for unconscious patients or patients unable to verbally respond:</b></p> <p>Did the member of staff check:</p> <p>a) the details on the identity band:</p> <ul style="list-style-type: none"> <li>• full name?</li> <li>• date of birth?</li> <li>• hospital number?</li> </ul> <p>b) the information on the blood or blood product label against the patient and identity band details?</p>		
<p><b>4 Administering the blood transfusion</b></p> <p>Did the staff member ensure that the transfusion was:</p> <p>a) commenced within 30 mins of removal from fridge?        b) Completed within 4 hrs of commencement, 30mins for platelets?</p> <p>Did the member of staff record the patient's vital signs [BP, temperature,pulse &amp; resps ] at:</p> <p>a) Baseline?        b) 10,15,30 &amp; 60 minutes?        c) At completion of unit?</p>		

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<p><b>5. Documentation</b></p> <p>Did the member of staff</p> <p>a) Record the blood transfusion in the patient's notes?</p> <p>b) Complete the <i>Transfusion History Record</i>?</p> <p>c) <i>Blood Product Observation Chart</i>?</p> <p>d) <i>IV Order</i> form?</p>		
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*All of the above must be achieved to pass the assessment*

## Knowledge assessment

Does the member of staff know and understand the importance of:

Using open-ended questions for patient identification?	
Importance of staying with patient for the 1 <sup>st</sup> 15 mins of the transfusion?	
The timeframes for administering blood components safely after it had been collected from the fridge?	
Correct procedure if unconscious patient or unable to give verbal identification?	
Monitoring the patient's vital signs throughout the transfusion process?	
The response required if a transfusion reaction is suspected?	

## Congratulations!

To have your name recorded on the Transfusion database for this Assessment **please send this completed Assessment to the Transfusion Nurses, Pathology.** We will issue you with a Certificate and return your Assessment to you.

