Blood Product Clinical Competency Evidence Guide for Assessors

Response	Evidence
1. Demonstrates a sound knowledge of scope of practice	
a. Verbalises an understanding of enrolled nurse role and responsibility regarding blood product administration.	• The EN verbalises an understanding of the Nursing and Midwifery Board of Australia national core competency that includes accepting accountability and responsibility for their own nursing actions.
2. Demonstrates a sound knowledge of blood product administration	
a. Verbalises an understanding of blood product compatibility requirements.	• Understands importance of ensuring ABO & Rh compatibility. • States compatibility testing requirements e.g. crossmatch for red cells, patient blood group on record for platelets/FFP/cryoprecipitate.
b. Describes storage and handling.	• Hospital process for blood storage and handling. • Insert hospital specific process of how the blood product get to the person administrating the product. • Include documentation, blood registers and identifiers required to collect blood from pathology or remote fridge • Identify who can collect blood [hospital specific].
c. States action required if a blood product cannot be administered immediately or is not required.	• Must be returned to Blood Bank [or blood fridge, hospital specific process to be inserted] within 30 minutes. • Never stored in ward fridges.
d. Verbalises blood product prescription requirements including documentation of consent.	• Use of blood prescription form [insert form number or hospital appropriate document] – not IV orders. • Must have patient ID on form. • Must include product, volume e.g. unit/pool, rate. • Must have documentation of consent/unable to consent before commencing.
e. Describes and appreciates the rationale for the checking process, its documentation and its impact on patient safety and the steps taken in the checking process to prevent these errors.	• Check performed at the bedside. • Verbal check with patient where possible. • No ID band = no transfusion. • Check of all forms (Lab issue form and product. • Cannot be commenced if any discrepancies. • Possible errors – wrong blood given to patient from errors in patient ID, lab error.
f. Describes rationale for and identifies appropriate equipment for administration including giving set.	• Must use a giving set with 170-200 micron filter. • Filters clots and aggregates. • Use of blood giving set with filter (not standard line) if using infusion pumps.
g. States restrictions for co-administration of IV fluids and medications during transfusion.	• Incompatibility between fluids/meds and blood products. • Unable to assess cause should a reaction occur. • No meds/fluids other than normal saline.
h. States maximum infusion time for blood products and describes actions if infusion of product not completed.	• Must be completed within 4/24. • If not completed must be taken down and discarded.
i. Describes the rationale for observation and vital sign recording pre, during and post transfusion	• States what observations must be taken. • States times of minimal vital sign recording: baseline, 15 mins and completion. • States need to remain with patient for first 15 minutes of transfusion.
j. Describes possible transfusion reactions.	• Refer to this guide or transfusion reaction investigation form for signs and symptoms.
3. Demonstrates safe practice in blood product administration	
a. Educates patient prior to transfusion re possible side effects and importance of reporting any discomfort, concerns or symptoms to nursing staff.	• Provides relevant and appropriate education to patient. • Checks patient understanding.

b. Correctly follows checking procedure - recipient and product.	• Performs check at the recipient's bedside with authorised 2nd staff member. • Performs check of documentation – refer to guide. • Performs check of product – refer to guide
c. Describes the actions to be taken in the event of a transfusion reaction.	*Hospital specific actions: for example* • Stop transfusion immediately. • Report to RN/RM. • Monitor patient. • Reporting to blood bank and reporting in Riskman. • Leave intact until review – do not discard bag and/or giving set as may be required for transfusion reaction investigation.
d. Completes all documentation.	*Hospital specific documentation: for example* • Blood Prescription Form. • Lab Issue form. • Progress Notes.

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Pre-administration check of intended recipient and product

The checking procedure involves checking the following details. ALL DETAILS MUST BE **CORRECT AND IDENTICAL** BEFORE THE UNIT IS ADMINISTERED TO THE PATIENT. Where there is any discrepancy in information this MUST be corrected prior to the transfusion taking place.

1. Check Patient Identification	
Patient's full name and date of birth (DOB)	Ask the patient to state name and DOB On the patient's identification band On the compatibility tag attached to the product On the blood administration chart.
Patient's Unit Record Number (UR Number)	On the patient's identification band On the compatibility tag attached to the product On the blood administration chart
2. Check ABO Group	
ABO & Rh Blood Group of the patient	On the compatibility tag attached to the product MUST *be compatible with the ABO & Rh group of the product.*
ABO & Rh Blood Group of the Product	On the compatibility tag attached to the product On the Blood Service label on the product
3. Check Product Details	
Product type	On the Blood Service label on the product On the blood order and administration form
Donation Number	On the Blood Service label on the product On the compatibility tag attached to the product
Expiry of Product Expiry of Cross Match	On the Blood Service abel on the product On the compatibility tag attached to the product On the compatibility tag attached to the product
Pack Integrity	Pack is intact Absence of clots, discoloration or foreign bodies

Transfusion Reaction types and symptoms

Signs	Symptoms	Possible cause
Category 1: MILD		
• Localized cutaneous - Urticaria - Rash	• Pruritus (itching)	• Hypersensitivity (mild)
Category 2: MODERATELY SEVERE		
• Flushing • Urticaria • Rigors • Fever • Restlessness • Tachycardia	• Anxiety • Pruritus • Palpitations • Mild dyspnoea • Headache	• Hypersensitivity (moderate - severe) • Febrile non-haemolytic reactions - Abs to white blood cells, platelets - Abs to proteins, inc IgA • Possible contamination with pyrogens &/or bacteria
Category 3: LIFE-THREATENING		
• Rigors • Fever • Restlessness • Hypotension (fall of ≥20% in systolic BP) • Tachycardia (rise of ≥20% in rate) • Haemoglobinuria • Unexplained bleeding (DIC)	• Anxiety • Chest pain • Pain near infusion site • Respiratory distress/SOB • Loin/back pain • Headache • Dyspnoea	• Acute intravascular haemolysis • Bacterial contamination & septic shock • Fluid overload • Anaphylaxis • Transfusion associated Acute lung injury -TRALI