

Section 4 Competency Requirements

Continuous Competency Assessment for Nurses who Administer Blood, Blood Components and or Plasma Protein Products in Manitoba

This document is designed to support the maintenance and enhancement of safety, efficacy, and quality of the transfusion process for blood, blood components and plasma protein products. The standards state that personnel involved in transfusion are trained in the identification of transfusion recipients and blood component and in observation of transfusion to include the recognition and reporting of adverse transfusion events. Annual in-service education records should be kept as per site/facility RHA policy.

The competencies for nurses are:

1. Nurse ensures Physician Order has been obtained.

- 1.1 Ensures Physician Order has been obtained and documented on patient chart prior to administration of blood and/or blood products(s).
- 1.2 Reviews Physician Order for completeness: date, time, blood products, clinical indication, special requirements (if applicable), sequence of administration if specified, quantity of products to be transfused, volume/duration of transfused products, pre and post medications.
- 1.3 Follows hospital process for Physician Order transcription.
- 1.4 Ensure patient has a valid Type & Screen result on patient chart. If not, obtain Physician Order to collect a Type & Screen on patient.

2. Nurse ensures Informed Consent has been obtained.

- 2.1 Demonstrates the nurse's role related to principles of informed consent and appropriate documentation of informed consent.
- 2.2 Advocates for the patient's right to refuse administration of blood and/or blood product.
- 2.3 Applies knowledge related to the elements of informed consent, hospital policies, roles and responsibilities of team members in the informed consent/refusal process.

3. Nurse obtains Blood and/or Blood Products from the Blood Bank.

- 3.1 Applies knowledge related to patient preparation to receive prescribed blood and/or blood products, includes obtaining vital signs, initiating IV therapy, administering premedication (if ordered), equipment, administration sets, & stand-by parenteral solutions readily available.
- 3.2 Applies knowledge related to blood and/or blood products and how to access same from the Blood Bank.
- 3.3 Demonstrates awareness of safe transportation of blood and/or blood products, identifies appropriate person or technology to retrieve blood and/or blood product from the Blood Bank, and ensures timely transportation of blood and/or blood products to the patient's location.
- 3.4 Demonstrates awareness of safe storage of blood and/or blood products.
- 3.5 Applies principles of Routine Practices when handling blood and/or blood products.

4. Nurse ensures Patient Identification is correct throughout the Administration of Blood and/or Blood Products.

- 4.1 Confirms accuracy of patient's personal health information by performing a 2 person check prior to initiating transfusion/infusion.
- 4.2 Blood and/or blood products are checked for accuracy with the Physician's Order and with the patient's Transfusion Medicine Results Report.

5. Nurse performs appropriate pre-transfusion checks.

- 5.1 Nurse ensures all equipment is ready for transfusion/infusion to begin.
- 5.2 Nurse educates patient on expectations and signs & symptoms of a transfusion reaction.
- 5.3 Nurse is aware that he/she cannot infuse any medication with blood or blood products. However, pre and/or post medications are allowed.
- 5.4 Nurse confirms vital sign measurements are appropriate to begin treatment.

6. Nurse provides continuous observation of patient during initiation of transfusion/infusion.

- 6.1 Nurse is knowledgeable of the signs & symptoms of a transfusion reaction.
- 6.2 Nurse is capable to manage an acute /delayed transfusion reaction.
- 6.3 Demonstrates accurate reporting and documentation of the adverse event.

7. Nurse completes appropriate documentation required as per facility and Blood Bank requirements.

7.1 Record of Transfusion is completed and returned to Blood Bank in a timely manner.

7.2 Cumulative Blood Product Record is completed as per hospital standards.

7.3 Patient Notification Card is completed by nurse.

8. Patient education is completed prior to patient's discharge home.

8.1 Patient is informed of signs & symptoms of a delayed transfusion reaction and an educational pamphlet is provided to patient upon leaving (outpatients).

8.2 Patient is encouraged to remain on unit (outpatients) for 1 hour post-transfusion/infusion for observation of a potential adverse reaction.

8.3 A Patient Notification card is provided to patient at discharge indicating administration of blood and/or blood products during their hospitalization.