#### **Blood Administration RN**

Employee Name:	Employee ID #:	Date Due:
<b>Disclaimer:</b> Competency Verification R	ecords (CVR) are temporarily stored in the De	partment's competency filing system

<u>Disclaimer:</u> Competency Verification Records (CVR) are temporarily stored in the Department's competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR). The CVR requires a validator's signature.

<u>Transfer of CVR to Permanent Record:</u> With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) form. (If the statement is not present, it can be written-in.) The competency statement is then initialed and dated as complete.

Competency	Demonstrates competency in administration of blood products according to the Blood Product Administration SOP			
Statement:	an	and the UVA Blood Transfusion Guidelines		
Validator(s):	R۱	RN who has completed the CVR for Blood Administration		
Validator Documentation Instructions:	Validator documents method of validation (below) and initials each skill box once completed <b>and</b> places their full name, signature, and completion date at the end of the document.			
Method of		DO	Direct Observation – Return demonstration or evidence of daily work.	
Validation:		T	Test: Written or oral assessments, surveys or worksheets, completion of CBL pre-quiz.	
Methods for this		S	Simulation (if needed)	
competency are in bold		С	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.	
		D	Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.	
		R	Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.	
		QI	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.	
		N/A	If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.	
Validation Instructions:	Ве	fore	beginning the CVR check-off process, first ask RN for validation of CBL pre-quiz completion	

Demonstrated Skill  Behaviors for Competency	Method of Validation	Evaluator's Initials
Prior to requesting release of blood product from the blood bank,		
the RN verifies presence of:		
<ul> <li>Transfusion order</li> </ul>		
<ul> <li>Valid blood consent form</li> </ul>		
<ul> <li>Valid, in-date Type and Hold (RBCs)</li> </ul>		
<ul> <li>Valid, in-date Typenex armband on patient (RBCs)</li> </ul>		
<ul> <li>Patent patient IV access dedicated for blood products</li> </ul>		

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Name of CVR: Blood Administration RN

Date CVR Created: Sept 2023 Date CVR Revised: n/a

Subject Matter Expert(s): Marlene Mayberry, RN; Transfusion Safety Officer RN

### **Blood Administration RN**

Demonstrated Skill	Method of	Evaluator's
Behaviors for Competency	Validation	Initials
Prepares the appropriate administration equipment  Alaria purpose Alaria Placed Filter Tables & Cat. (Name of the control		
<ul> <li>Alaris pump, Alaris Blood Filter Tubing Set, (Normal</li> </ul>		
Saline is optional)		
If pre-medications are ordered, the RN		
<ul> <li>Administers oral medications 30 min before starting</li> </ul>		
the transfusion		
<ul> <li>Administers IV medication immediately before</li> </ul>		
starting the transfusion		
This step is for 7 Acute Pediatrics ONLY		
When blood component arrives to unit:		
<ul> <li>In the Medication Room/Prep Room, the RN verifies with another</li> </ul>		
RN:		
Correct blood product matches the product order in Epic		
<ul> <li>Information on product Transfusion Tag matches</li> </ul>		
information on the blood unit product label		
Spikes product and primes tubing		
Completes remaining steps (performing Transfusion Time-Out at		
the patient's bedside prior to administration, etc.)		
Prior to Transfusion, the RN		
<ul> <li>Provides patient/family education</li> </ul>		
<ul> <li>Obtains and documents vital signs within 30 minutes of</li> </ul>		
transfusion start time		
<ul> <li>Finds a second RN and completes each step in the 2-person</li> </ul>		
verification process using the Transfusion Time Out		
<b>Standard Work form</b> that is sent with the blood product or		
found in reference page of Blood Administration SOP		
BPAM- Blood Product Administration Module		
<ul> <li>If no discrepancy is identified during the Transfusion Time</li> </ul>		
Out, RN proceeds to patient's chart in Epic and scans		
<ul><li>the barcode on the patient's ID armband</li></ul>		
<ul> <li>the two barcodes on the left of the blood bag label</li> </ul>		
(in any order)		
<ul> <li>RN Follows BPAM prompts and has verifier sign off in Epic</li> </ul>		
(RN knows to access the " <b>Print-Scan Epic Tips"</b> icon on the desktop if there		
are any errors related to scanning the blood product)		
RN starts the transfusion		
<ul> <li>Don gloves</li> </ul>		
<ul> <li>Flush IV with normal saline</li> </ul>		
<ul> <li>Primes blood filter tubing with blood product or with</li> </ul>		
normal saline		

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Demonstrated Skill  Behaviors for Competency		Method of Validation	Evaluator's Initials
0	Begins transfusion at a slower rate for the first 15 min while		
	monitoring patient for any adverse reactions		
	<ul><li>Rate of 1-2 ml/min (60-120 ml/hr)</li></ul>		
0	After 15 min, records vital signs and if patient's condition is		
	satisfactory,		
	<ul> <li>(If applicable, sets to the rate specified in provider's</li> </ul>		
	order)		
	<ul> <li>Otherwise, the rate of infusion can be increased</li> </ul>		
	(2-5 ml/min depending on patient's health history)		
0	Educates patient on what to report immediately		
	• Chills		
	<ul><li>Itching</li></ul>		
	Rashes		
	<ul><li>Muscle aches</li><li>SOB</li></ul>		
	<ul><li>Anxiety/restlessness</li></ul>		
	<ul> <li>Or any other acute change</li> </ul>		
	RN verifies that the transfusion tag stays attached to blood		
	product until completion of transfusion		
	product aritim compression or transfasion		
• For a s	uspected reaction occurrence, the RN		
0	STOPS the transfusion immediately		
0	Follows the Steps on the Back of the Transfusion Tag		
0	Notifies Physician and Contacts Blood Bank (4-2273)		
0	Documents in Epic under "Suspected Transfusion Reaction"		
RN Coi	mpletes the Transfusion		
0	Within 4 hours of blood bank issue time (issue time		
	stamped on the transfusion tag)		
	<ul> <li>Platelets- 4 hours from start of transfusion</li> </ul>		
0	Obtains and documents post-transfusion vital signs within		
	30 min of completion		
0	Correctly completes transfusion in Epic and records total		
	volume transfused		
0	Disposes of blood bag, transfusion tag, and accompanying		
	tubing in regulated medical waste (Red Bin)		
	ines & SOP		
0	RN demonstrates how to access the Transfusion Guidelines		
_	on the computer desktop		
0	RN demonstrates how to access the Blood Product		
	Administration SOP in PolicyTech		

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Competency Verified by:			
		Doto	
Validator's Name (printed)	Validator's signature	Date:	

#### References:

**Blood Product Administration SOP** 

Medical Center Clinical Practice Guideline: Transfusion Guidelines Standards for Blood Banks and Transfusion Services, AABB 33<sup>rd</sup> Ed.