

UVA Health Medical Center
Competency Verification Record (CVR)
Blood Administration - RN
Role: RN

Employee Name: _____ **Employee ID #:** _____ **Date:** _____

Disclaimer: 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.

Transfer of CVR to Permanent Record: 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 Statement:	Demonstrates competency in administration of blood products according to the Blood Product Administration SOP and the UVA Blood Transfusion Guidelines																
Validator(s):	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 and places their full name, signature, and completion date at the end of the document.																
Method of Validation:	<table border="1"> <tr> <td>DO</td><td>Direct Observation – Return demonstration or evidence of daily work.</td></tr> <tr> <td>T</td><td>Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.</td></tr> <tr> <td>S</td><td>Simulation</td></tr> <tr> <td>C</td><td>Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.</td></tr> <tr> <td>D</td><td>Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.</td></tr> <tr> <td>R</td><td>Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.</td></tr> <tr> <td>QI</td><td>Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.</td></tr> <tr> <td>N/A</td><td>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.</td></tr> </table>	DO	Direct Observation – Return demonstration or evidence of daily work.	T	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.	S	Simulation	C	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.
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Validation Instructions:	Before beginning the CVR check-off, the RN being validated must have completed the Blood Transfusion CVR Validation Pre-Work CBL found in Workday																

Name of CVR: Blood Administration RN
Date CVR Created: 9/2023 **Date CVR Revised:** 2/7/2025
Subject Matter Expert(s): Marlene Mayberry, RN – Transfusion Safety Officer

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Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Validation Method	Evaluator's Initials
Pre-requisite: <ul style="list-style-type: none"> Verifies completion of Blood Transfusion CVR Validation Pre-Work CBL pre-quiz 	DO	
Guidelines & SOP <ul style="list-style-type: none"> Demonstrates how to access the Transfusion Guidelines on the computer desktop Demonstrates how to access the Blood Product Administration SOP in PolicyTech 	DO	
Prior to requesting release of blood product from the blood bank, the RN verifies presence of: <ul style="list-style-type: none"> Transfusion order Valid blood consent form Valid, in-date Type and Hold (RBCs) Valid, in-date Typenex armband on patient (RBCs) Patent patient IV access dedicated for blood products 	DO	
<ul style="list-style-type: none"> Prepares the appropriate administration equipment <ul style="list-style-type: none"> Alaris pump and Alaris Blood Filter Tubing Set for all blood components except Cryo (exception: hemorrhaging patient, OR, ECMO) Normal Saline is optional 	DO	
<ul style="list-style-type: none"> If pre-medications are ordered, the RN <ul style="list-style-type: none"> Administers oral medications 30 min before starting the transfusion Administers IV medication immediately before starting the transfusion 	DO	
Prior to Transfusion, the RN <ul style="list-style-type: none"> Provides patient/family education and what to report immediately: <ul style="list-style-type: none"> Chills Itching Rashes Muscle aches SOB Wheezing Nausea/vomiting 	DO	

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<ul style="list-style-type: none"> ○ Anxiety/restlessness ○ Chest pain/pressure/tightness ○ Back pain ○ Pain at IV site ○ Feeling of impending doom ○ Or any other acute change • Obtains and documents vital signs within 30 minutes of transfusion start time • In the presence of the patient, the RN and a second RN completes each step in the 2-person verification process using the Transfusion Time Out Standard Work form that is sent with the blood product • The primary RN verifies the interpretation of crossmatch testing, if performed, and special transfusion requirements, if applicable (listed on Transfusion Tag) • Verbalizes that the Transfusion Tag must stay attached to the blood bag until transfusion is complete. 		
<p><u>This step is for 7 Acute Pediatrics ONLY</u> When blood component arrives to unit:</p> <ul style="list-style-type: none"> • In the Medication Room/Prep Room, the RN verifies with another RN: <ul style="list-style-type: none"> ○ Correct blood product matches the product order in Epic ○ Information on product Transfusion Tag matches 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.) 	DO	
<ul style="list-style-type: none"> • BPAM- Blood Product Administration Module <ul style="list-style-type: none"> ○ If no discrepancy is identified during the <i>Transfusion Time Out</i>, RN proceeds to patient's chart in Epic and scans <ul style="list-style-type: none"> ▪ the barcode on the patient's ID armband ▪ the two barcodes on the left of the blood bag label (in any order) ○ Follows BPAM prompts and has verifier sign off in Epic <p><i>(RN verbalizes how to access the "Print-Scan Epic Tips" icon on the desktop if there are any errors related to scanning the blood product)</i></p> 	DO	

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RN starts the transfusion <ul style="list-style-type: none"> • Don gloves • Flush IV with normal saline • Primes blood filter tubing with blood product or with normal saline • Begins transfusion at a slower rate for the first 15 min while remaining near the patient, monitors patient for any signs of a suspected transfusion reaction <ul style="list-style-type: none"> ○ Adults: Rate of 60-120 mL/hr ○ Pediatrics: 1-2 mL/kg/hr with a max rate of 60 mL/hr • Documents rate of infusion in Epic 	DO	
<ul style="list-style-type: none"> • After 15 min, records vital signs and if patient's condition is satisfactory, the rate of the infusion can be increased (documents rate change in Epic): <ul style="list-style-type: none"> ○ If applicable, to the rate specified in provider's order ○ Adults: 120 mL-200 mL/hr depending on patient's health status/history ○ Pediatrics: 2-5 mL/kg/hr with a max rate of 200 mL/hr • Monitors patient closely throughout the transfusion process 	DO	
<ul style="list-style-type: none"> • Verifies that the transfusion tag stays attached to blood product until completion of transfusion 	DO	
For a suspected reaction occurrence, the RN <ul style="list-style-type: none"> • STOPS the transfusion immediately • Follows the steps on the Back of the Transfusion Tag • Notifies Physician and Contacts Blood Bank (4-2273) • Documents in Epic under "Suspected Transfusion Reaction" completing each row leaving none blank (except: Pertinent Observations if there are none to document) 	DO	
RN Completes the Transfusion <ul style="list-style-type: none"> • Within 4 hours of blood bank issue time (issue time stamped on the transfusion tag) <ul style="list-style-type: none"> ○ Platelets- 4 hours from spiking the bag • Obtains and documents post-transfusion vital signs within 30 min of completion • Correctly completes transfusion in Epic and records total blood volume transfused (volume listed on pump) 	DO	

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<ul style="list-style-type: none">○ <i>Note:</i> Volume listed on blood bag label is an estimated volume○ Disposes of blood bag, transfusion tag, and accompanying tubing in regulated medical waste (Red Bin)		

Competency Verified by:

Validator's Name (printed) Validator's signature Date: _____

References:

- Policy Tech: Blood Product Administration SOP
- Policy Tech: Medical Center Clinical Practice Guideline: Blood Transfusion Guidelines
- Association for the Advancement of Blood & Biotherapies (AABB). (2024.) Standards for Blood Banks and Transfusion Services, AABB. 34th Ed. AABB

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