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29/07/2020	2.0	Changed nurse authorisation to non-medical authorisation. This is to reflect the evolving roles of health care professionals who could be involved in non-medical authorisation.	Susan Cottrell Transfusion Practitioner
28/01/2021		Minor amendments throughout	Dr. Jean Leong and Jennifer Smith ANP

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1. STATEMENT OF INTENT AND AIM OF POLICY

The policy for non-medical authorisation of blood components is in response to the changing needs of patients, clinical practice and the need to improve the delivery of care to patients receiving blood component support. It is intended to provide robust guidance to help ensure that nurses who undertake this role practice safely. Throughout the policy nurse authorisation will be referred to as non-medical authorisation.

For the purposes of this policy blood components refer to red cell concentrate and platelets only. The inclusion of fresh frozen plasma and cryoprecipitate can only be agreed by a mentor for an advanced nurse practitioner that has demonstrated and evidenced the relevant competency within their portfolio to make this independent decision within clinical and transfusion practice. A mentor, for the purposes of this policy, can be a senior medical or non medical personnel who is a competent blood component authoriser within their relevant clinical area.

The policy is for all staff involved in the non medical authorisation of blood components and is designed to:

- Ensure guidance supporting non-medical blood authorisation is complied with and all non-medical authorisers have a standard approach with regards to their portfolio and level of competence
- Support the delivery of individualised holistic programmes of care based on responding to the changing needs of specific patients requiring transfusion support
- Ensure all patients are fully informed and involved in the decision to transfuse
- Act as a resource for all staff working in the clinical transfusion environment delivering care at an advanced practice level only

Please note: the policy does **not** include the prescribing of blood products within the British National Formula (BNF). The prescribing of blood products

from the BNF must be performed by a medical or non medical prescriber (supplementary or independent) only.

All blood component transfusions in NHS Borders must be given in accordance with the [NHS Borders Transfusion Policy](#)

The policy is developed by the Hospital Transfusion Team (HTT) on behalf of the NHS Borders Transfusion Committee (TC), and is approved by NHS Borders Clinical Boards and Clinical Executive Group. This policy should be referred to in conjunction with 'A Framework to Support Nurses and Midwives Making the Clinical Decision and Providing the Written Instruction for Blood Component Transfusion', (SNBTS, Green and Pirie, 2009).

The HTT on behalf of the NHS Borders TC will facilitate the co-ordination and maintenance of the protocol by:

- Reviewing and updating policy based on evidence based practice and service provision every two years unless otherwise indicated
- Continually reviewing the effectiveness of the policy based on any adverse events and clinical incidents

2. BACKGROUND

Blood authorisation, as it is now termed, was primarily a medical role (Green and Pirie, 2009). A prescription denotes a legal requirement that the product is from the BNF, however there is agreement that in relation to blood products, a 'written instruction' or authorisation is the appropriate term (Blood Safety and Quality Regulations, 2005). There is no specific legislation that requires a doctor to carry out the authorisation of blood components. A nurse is able to undertake this activity as long as it is within their scope of practice and they are appropriately trained and competent (Green and Pirie, 2009, Pirie 2013).

The Nursing and Midwifery Council (NMC) does not impose restrictions on a nurse's practice and in fact encourages role development in view of

changing patient needs. The nurse remains accountable for their actions and must ensure they are competent before they accept the responsibility of the clinical decision making involved in clinical practice such as blood authorisation (Green and Pirie, 2009).

3. PROFESSIONAL ACCOUNTABILITY AND RESPONSIBILITY

As with any healthcare professional involved in patient care, non-medical authorisers are all accountable to their respective professional bodies, to their patients and to the NHS as their employer to provide safe and appropriate care (Nursing and Midwifery Council 2015).

Non-medical authorisers are required to complete all mandatory training relevant to safe transfusion practice. This can be accessed via NHS [Learnpro](#). It is the responsibility of the staff member to ensure training and education is updated every 2 years

In addition, non-medical authorisers must complete the Better Blood Transfusion Nurse Authorisation programme available on NHS Learnpro via local Transfusion Practitioner. All health care professionals are legally required to evidence training and care provided. The non-medical authoriser must identify suitable clinical supervision from a mentor working in the field of practice. A personal development plan must reflect competence and skill development relevant to an advance practice role, which includes the role of a non-medical authoriser. Non-medical authorisers **will not** authorise blood outwith their area of expertise/practice and competence.

Any adverse event should be reported via the on line DATIX system, and investigated through the relevant line management structure.

The requesting and authorising of blood components is a shared responsibility with medical staff therefore in the event there is no non-medical authoriser available to authorise a blood component this should be referred to a medical practitioner.

4. ROLES & RESPONSIBILITIES

4.1 ROLE AND REMIT OF NURSE AUTHORISER

A non-medical authoriser working at an advanced practice level must be approved to work within the relevant clinical area and speciality, and practice within the area of competence and clinical expertise only. Evidence of approval and competence will be demonstrated in the non-medical authoriser's learning portfolio (appendix 1).

The non-medical authoriser will be responsible for making the decision to transfuse a patient with blood components, ordering the components from the Hospital Transfusion Laboratory (HTL), informing the patient of the decision to transfuse (obtaining verbal consent) and completing the appropriate documentation on the patient's transfusion document. It is also considered appropriate for a non-medical authoriser to authorise blood components and be involved in the final bedside checking procedure (if appropriately trained in clinical bedside practice).

4.2 LEVEL OF COMEPETENCE

To undertake the role of a non-medical authoriser, the following criteria must be met:

- Must be a registered nurse with a minimum of three years post registration experience
- At least a minimum of one year experience working within speciality and practising at level 6 (senior practitioner level) or above within the Careers Framework
- Manage a case load of patients
- Exercise a high level of knowledge, expertise, clinical reasoning and diagnostic skills

- Working interdependently within a healthcare team and be expected to utilise non-medical authorization of blood components on a regular basis
- Be responsible for maintaining and updating their knowledge and skills
- Participate in ongoing performance development and review
- Be aware of the boundaries of their role

A non-medical authoriser must have completed the 5 essential elements of assessment to be considered competent to authorise blood components within clinical practice:

- Completed LBT: Safe Transfusion Practice
- Completed LBT: Blood Components and indications for use
- Completed local training for the requesting and ordering of blood components
- Completed BBT Nurse Authorisation of Blood Components Programme available on Learnpro via Transfusion Practitioner
- All workshop presentations
- The self assessment / gap analysis (included in the Portfolio to Evidence Competence for non-medical authorizers of Blood Components) must be completed
- Provide evidence of having achieved all competencies as described in the Portfolio
- Complete a period of clinical supervision and assessment of competence by an approved mentor using a minimum of three case based discussions. Documents to record case based discussions / assessment and competence sign off are available in the Portfolio
- Maintain a portfolio providing details of blood components and special requirements they have been assessed on as competent in authorising and ensure competence is maintained. This portfolio is individual to the non-medical authoriser and will be updated as experience and competence is gained for new areas of

authorisation.

- Competence and sign off of the authorisation of blood components will be verified by the identified prescriber mentor. Agreement must be reached with the responsible prescriber mentor if the non-medical authoriser is to initiate the first transfusion for a patient.

4.3 MENTOR RESPONSIBILITY

A mentor, for the purposes of this policy, can be a senior medical or non medical personnel who is a competent blood component authoriser within their relevant clinical area.

The responsibilities of the mentor are to:

- Work in partnership to identify which patient groups are suitable for a nurse to authorise blood components
- Act as a mentor and supervisor of practice to the nurse. Mentor support is identified as a pre-requisite to successful clinical learning.

Appendix 2 is an additional guide for practice to support the non-medical authoriser with their clinical risk assessment and appropriateness of transfusion authorisation.

4.4 MANAGEMENT RESPONSIBILITY

The responsibility of the line manager is to:

- Assist with identifying the financial and human resources necessary to ensure service development
- Agreeing who will undertake supervised practice and mentorship
- Ensuring robust risk assessments are undertaken to maintain patient safety
- Support practitioners to work within agreed boundaries
- Carry out regular performance review with the practitioner linked to their personal development plan.

5. DELIVERING THE SERVICE TO THE PATIENT

The clinical specialty is responsible for ensuring that any service change would be in the best interest of the patients. Local guidelines must be in place that considers:

- Which patient groups are suitable
- Under what circumstances blood component transfusion can be authorised by the registered nurse

6. INFORMED CONSENT

Patients receiving a blood component transfusion should be made aware of the clinical need and consent to the administration of that blood component. Verbal consent is acceptable and this consent should be documented on the [NHS Borders Transfusion record](#) along with the indication for transfusion.

7. CLINICAL EVALUATION AND ESCALATION PROCESS

A thorough assessment of pre-specified clinical parameters is required before any blood component is requested or authorised. The non-medical authoriser is responsible for establishing the indication for transfusion and identifying and documenting any special requirements or instructions on the [NHS Borders Transfusion Record](#). The non-medical authoriser should refer clinical concerns to an appropriate doctor to support the safe authorisation and administration of blood components.

8. AUDIT

Non-medical authorisers will liaise with other members of the healthcare team e.g. HTL to carry out a snapshot audit of their blood component authorisation within the first 6 months of starting practice. Audit will be undertaken as per [NHS Borders Clinical Audit policy](#) with results shared with healthcare team.

REFERENCES

Blood Safety Quality Regulations (2005) SI 50

Green, J and Pirie, Liz (2009); A Framework to Support Nurses and Midwives Making the Clinical Decision and Providing the Written Instruction for Blood Component Transfusion, SNBTS,

Pirie,L (2013); Implementing nurse authorisation of blood components, available at <https://www.transfusionguidelines.org/document-library/documents/implementing-nurse-authorisation-of-blood-components-liz-pirie>

NHS Highland (2015) Policy for Registered Nurse Authorisation of Blood Components within NHS Highland (including competency framework)

NHS Lothian (2016) Policy for Nurse Blood Authorisation

Nursing & Midwifery Council (2016); The Code for nurses and midwives, available at <https://www.nmc.org.uk/standards/code/>

Scottish National Blood Transfusion Service (SNBTS 2013); Better Blood Transfusion Nurse Authorisation of Blood Components e-learning programme

Appendix 1

**PORTFOLIO TO EVIDENCE COMPETENCE
FOR REGISTERED NURSE AUTHORISERS
OF BLOOD COMPONENTS**

<p><i>Practitioner Name</i>.....</p> <p>Ward and Hospital.....</p> <p>Mentor Name</p> <p>Date Final 'sign off'.....</p>
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1. Introduction

Following a project to investigate the feasibility of registered practitioners other than doctors prescribing blood components, guidance was sought from the Royal College of Nursing (RCN) and the Medicines and Healthcare products Regulatory Agency (MHRA). The advice received is summarised below;

Following the introduction of Regulation 25 of the Blood Safety and Quality Regulations 2005 SI 2005 no 50) into UK law, Section 130, 1968 Medicines Act has been amended. The consequence of the amendment is that whole human blood and blood components are no longer considered a medicinal product and therefore cannot legally be prescribed by any practitioner.

In law the term prescription relates only to medicines listed in the British National Formulary (BNF), and not to blood components. For blood components it is a written authorisation to transfuse or administer. Therefore it was clarified that there are no legal barriers to other appropriately trained competent registered practitioners e.g. nurses ordering and authorising blood (Pirie and Green 2007).

As good governance is essential to all role development following an extensive consultation a governance Framework was developed to support nurses and midwives to undertake this role safely (Pirie and Green 2009). The Framework suggests that the individual practitioner must:

- be a first level registered nurse or midwife
- have at least 3 years post registration experience
- have the ability to study at degree level
- have at least 1 year working within the relevant clinical specialty
- manage a caseload of patients or working as part of a clinical team managing the patients needs
- be deemed competent by their employer
- have the relevant knowledge and skill requirements.

**The document can be downloaded from:
<http://www.transfusionsguidelines.org.uk>**

It is for NHS Boards however to determine where nursing roles are developed in light of service needs. As with any role development you must have agreement from senior management and all aspects of governance must be in place including a clinical mentor to support you in practice until you are signed off as competent.

2. Preparation for Practice

This portfolio has been devised to aid your personal learning and to encourage reflective thinking. Using the competencies in section 5 you should undertake a knowledge gap analysis, identify your learning needs and develop an individual learning plan (Section 6). There is evidence from the development of other nurse roles that accessing the relevant learning by e.g. in-house lectures or attendance at a bespoke study workshop is an acceptable approach to addressing educational requirements (Boyden and Edwards 2007, Carberry 2006).

Suggestions for education and training and further reading to help you achieve competency are also included.

3. Assessment of Competence

Assessment of competence consists of 3 elements:

1. Completion of Module 1: Safe Transfusion Practice and Module 2: Blood Components and Indications for Use
2. Period of supervision and assessment of competence by approved mentor using a minimum of three case based discussions (A sheet to record case based discussions is included in section 7).

4. Role of the Mentor

Mentor support is identified as a pre-requisite to successful clinical learning (Barton 2006). The mentor should be an approved clinical practitioner with whom the nurse regularly works with e.g. medical consultant or authorised advanced nurse.

There is no single model for the mentorship, because some nurses will have more knowledge and experience than others. The model of clinical supervision should be agreed at local level, taking account of other staff support mechanisms and resources that are in place however, a minimum period of six months is recommended. The main aim of the relationship is to provide guidance, supervision and opportunities to develop competence in practice. The mentor also has a responsibility to confirm that the nurse has completed the agreed period of learning in practice, and met the required competencies. Learning in practice will be related to the medical conditions within the specialty in which the nurse is working.

It is suggested that the mentor should undertake the following:

- Meet with the practitioner to discuss their learning requirements and agree how to take forward their development activities
- Agree a period of supervision and practice

- Provide opportunities for the nurse to carry out consultations where in depth discussion and analysis of clinical management can occur
- Facilitate learning by encouraging critical thinking and reflection with the use of real cases from practice
- Using real cases from practice to enable decision making behaviour to be fully examined.

To assist the 'sign off' process the competencies required for this role have been summarised into three main aspects:

- Patient assessment/consultation
- Making the clinical decision to transfuse appropriately
- Authorising blood components within professional and organisational standards.

When the assigned mentor has witnessed practice and is satisfied with the evidence provided, the nurse can be 'signed off' as competent (Section 8 of Portfolio).

5. Knowledge – Gap Analysis

Competences	Nurse Authorisers of Blood Components	Development Required		Training Resources and Further Reading
		Yes	No	
Holistic patient assessment	<p>Demonstrates knowledge and understanding of:</p> <ul style="list-style-type: none"> - The requirement to obtain all relevant patient histories - The effective examination skills using the four stage approach - inspection, palpation, percussion and auscultation <ul style="list-style-type: none"> - Conducts a short neurological examination - The main abnormalities on examination forming a preliminary differential diagnosis - The appropriate investigations and laboratory tests to be proposed and ordered - Normal physiological values, acts on abnormal values appropriately and relates to pathophysiological processes, for: Biochemistry, Haematology, Bacteriology - How to link the clinical picture with the interpretation of blood results - How to assess the patient is fit for a transfusion <p>When to seek appropriate help and support from a mentor, Haematology and</p>			<ul style="list-style-type: none"> • Patient assessment workshops • Advanced Clinical Examination - level 10 (University of Stirling) • Clinical Decision Making - level 10 (NHS Lothian and Napier University) • Assessment and Diagnostics and Clinical Sciences for Advanced Practice - level 11 (University of Dundee) • Non Medical Prescribing (V300) Prescribing (University of Stirling) • Acute Life Treating Events Recognition Treatment (ALERT) course

	Biochemistry colleagues			
Physiology of blood Human blood group systems	<p>Describes the structure, growth and function of</p> <ul style="list-style-type: none"> - Red cells - White cells - Platelets <p>Explain the reasons for different considerations in relation to the compatibility of red cells, platelets and plasma.</p>			<ul style="list-style-type: none"> • Watson R. Anatomy and Physiology for Nurses (2011) Bailliere Tindall, London • Hoffbrand V, Tuddenham E, Catovsky D. (2005) Postgraduate Haematology (5th ed) Blackwell Publishing Ltd • Module 2 Blood Components and Indications for Use www.learnbloodtransfusion.org.uk • • Completion of learning outcomes after viewing haematology revision lecture on LearnPro
Understanding of anaemia	<p>Demonstrates understanding of the:</p> <ul style="list-style-type: none"> - Types of anaemia - Physiological processes for iron deficiency anaemia - When to refer patients for further investigation and treatment - How to order appropriate investigations - Different types of iron therapies Use of EPO 			<ul style="list-style-type: none"> • Grundy, M. (Ed.) 'Nursing in Haematological Oncology' (2000) Edinburgh • Hoffbrand V, Tuddenham E, Catovsky D. (2005) Postgraduate Haematology (5th ed) 162 Blackwell Publishing Ltd • Moore, G. Knight G, Blau A 'Haematology' (2010) Oxford University Press • Completion of learning outcomes after viewing haematology revision lecture on LearnPro •

Competences	Nurse Authorisers of Blood Components	Development Required		Training Resources and Further Reading
		Yes	No	

Specific Competencies Criteria				
Constituents of blood components	<p>Provides an overview of the production from whole blood of:</p> <ul style="list-style-type: none"> - Red cells - White cells - Platelets - Plasma <p>Demonstrates knowledge of:</p> <ul style="list-style-type: none"> - Storage/ Safe handling - Temperature control/cold chain requirements 			<ul style="list-style-type: none"> • McClelland, DBL. (ed.) (2007) Handbook of Transfusion Medicine (4th ed), The Stationary Office: London • Module 2 Blood Components and Indications for Use www.learnbloodtransfusion.org.uk • Contreras, M. ABC of Transfusion 4th ed BMJ Publishing, London • Completion of learning outcomes after viewing overview of donor process & blood components lecture on LearnPro
Special transfusion requirements/specifications	<ul style="list-style-type: none"> - Defines which patient groups will have special blood requirements and why - Demonstrates knowledge and understanding of the reasons why it is important to have a process in place to prevent these patients receiving the wrong blood 			<ul style="list-style-type: none"> • LBT: Blood Components and Indications for Use www.learnbloodtransfusion.org.uk • Completion of learning outcomes after viewing revision lecture on LearnPro

Risks and adverse events associated with transfusion and how to deal with them	Demonstrates knowledge and understanding of the risks of transfusion and can describe what to do in an emergency situation for: <ul style="list-style-type: none"> - Transfusion transmitted bacterial and viral infections - Transfusion Related Acute Lung Injury (TRALI) - Acute haemolytic transfusion reaction - Wrong blood to wrong patient - Fluid overload - Anaphylaxis 		<ul style="list-style-type: none"> • LBT: Safe Transfusion Practice • LBT: Blood Components and Indications for Use www.learnbloodtransfusion.org.uk • Murphy, MF., Pamphilon, DH. (2005) Practical Transfusion Medicine Blackwell Publishing, Oxford • Completion of learning outcomes after viewing revision lecture on LearnPro
Pre-transfusion testing process	Demonstrates an understanding of: <ul style="list-style-type: none"> - Pre-transfusion sampling process - Sample labelling requirements, including the use of CHI number - BCSH guidelines for pre transfusion testing - Time limits surrounding the validity of samples in storage The laboratory processes for pre-transfusion testing, including how long testing takes		<ul style="list-style-type: none"> • LBT: Safe Transfusion Practice • LBT: Blood Components and Indications for Use www.learnbloodtransfusion.org.uk
Transfusion guidelines and protocols	Demonstrates knowledge and understanding of: <ul style="list-style-type: none"> - SABRE/SHOT - HSC Better Blood Transfusion 1998/224, 2002/009, 2007/001 - BCSH transfusion guidelines - Blood Safety and Quality Regulations SI 2005/50, including traceability requirements - Patient information leaflets for transfusion 		<ul style="list-style-type: none"> • NHS Blood transfusion Policy • Serious Hazards of Transfusion (SHOT) http://www.shotuk.org • Better Blood Transfusion Appropriate use of Blood Toolkit www.transfusionguidelines.org.uk • Blood Safety and Quality Regulations 2005 No. 50 • Attendance at Authorisation of Blood Components for Nurses Workshop

Competences	Nurse Authorisers of Blood Components	Development Required		Training Resources and Further Reading
		Yes	No	
	Specific Competencies Criteria			
Clinical decision making for blood transfusion	<p>Demonstrates knowledge and understanding of:</p> <ul style="list-style-type: none"> - How to make appropriate decision using the best available evidence and local transfusion guidelines - The appropriateness of alternatives to blood component transfusion e.g. Intravenous iron - How to explain the risks and benefits of transfusion and available alternatives - Available patient information leaflets - Knows when to consult medical practitioner with responsibility for the patient - When to make appropriate referral if the parent/guardian refuses blood transfusion or has an advanced directive - Which concomitant drugs may be required - The requirement to accurately document all decisions, actions and conversations with the patient including taking verbal consent - Understands professional accountability 			<ul style="list-style-type: none"> • LBT: Blood Components and Indications for Use www.learnbloodtransfusion.org.uk • British Society for Haematology (BSH) Guidelines https://b-s-h.org.uk/ • Norfolk D (ed.) (2013) Handbook of Transfusion Medicine (5th ed), The Stationary Office: London • Department of Health 'Good practice in Consent' implementation Guideline www.doh.gov.uk/consent • Adults with Incapacity (Scotland) Act 2000 ISBN HMSO • Jabbour N. (2005) Transfusion-Free Medicine and Surgery. Blackwell Science, Oxford • Thomas, D et al (2005) A Manual for Blood Conservation Gutenberg press Ltd., Malta • A Framework to Support Nurses and Midwives Making the Clinical Decision and Providing the Written Instruction for Blood Component Transfusion www.transfusionguidelines.org.uk

<p>Ordering blood components</p>	<p>Demonstrates an understanding of:</p> <ul style="list-style-type: none"> - National and local guidelines for ordering of blood components - Effective communication with the transfusion laboratory when ordering blood components - The information required when ordering blood components: <ul style="list-style-type: none"> - Full name of patient - When the patient is to be transfused - How many units and any special transfusion requirements - Where the patient is to be transfused 		<ul style="list-style-type: none"> • LBT: Safe Transfusion Practice • LBT: Blood Components and Indications for Use www.learnbloodtransfusion.org.uk
<p>Writing the instruction to Transfuse the blood Component</p>	<p>Demonstrates an understanding that the written instruction includes:</p> <ul style="list-style-type: none"> - Length of time the transfusion is to take place - Number of units - Paediatric use volume to be transfused in mls calculated in terms of mls/kg body weight - Route of administration - Concomitant drugs that need to be administered - Describes incompatibility of blood with other infusion fluids/IV drugs 		<ul style="list-style-type: none"> • LBT: Safe Transfusion Practice • LBT: Blood Components and Indications for Use www.learnbloodtransfusion.org.uk • Completion of BBT Nurse Authorisation Programme

6. Learning Plan

Competencies requiring development	Action of how to achieve competence	Support required within practice	Time Frame

7. Case Based Discussion/ Assessment Sheet

Practitioner's Name:	
Mentor's Name:	
Date of Discussion	
Describe the decision-making scenario?	
What did you learn?	
How will you apply this learning in your future work?	
Future development possibilities?	
<i>Signature of Mentor</i>	

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8. Competence 'Sign off Sheet'

To assist the 'sign off' process the competencies required for this role have been summarised into three main aspects:

- Patient assessment/consultation
- Making the clinical decision to transfuse appropriately
- Authorising blood components within professional and organisational standards.

When the assigned mentor has witnessed practice and is satisfied with the evidence provided, the nurse can be 'signed off' as competent and a copy of the certificate can be kept in the practitioner's professional portfolio as evidence.

Competence Criteria	Evidence	Assessment Method
<p>Patient assessment/consultation</p> <ul style="list-style-type: none"> • Undertakes effective consultation with patients and carers that includes appropriate history taking and assessment skills to inform diagnosis and clinical decision making practice • Applies knowledge of available blood components <p>Making the clinical decision to transfuse appropriately</p> <ul style="list-style-type: none"> • Uses evidence based sources of information, policies, guidelines, advice and decision support, and can explain how these are applied in practice • Makes clinical decision to transfuse blood 		<ul style="list-style-type: none"> • Completion of Module 1: Safe Transfusion Practice • Completion of Module 2 Blood Components and Indications for Use • Attendance at Authorising Blood Components for Nurses workshop • Assessment of practice using case based discussion

<p>components safely and appropriately</p> <ul style="list-style-type: none"> • Recognises and responds effectively to changes in decision making practice at individual, local and national level <p>Authorising blood components within professional and organisational standards</p> <ul style="list-style-type: none"> • Demonstrates an understanding of ethics, the legal and professional framework for accountability and responsibility in relation to role • Provides evidence of continuing professional development 		
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<p>Competence achieved:</p> <p>Signature of Mentor:</p> <p>Date:.....</p> <p>I acknowledge my responsibility to meet the standards within the code: <i>Standards of conduct, performance and ethics for nurses and midwives 2008</i></p> <p>Signature of staff member:.....</p> <p>Date:.....</p>

Appendix 2 - next page

ASSESSMENT QUESTIONS	LOW risk of complication with transfusion	MEDIUM risk of complication with transfusion	HIGH risk of complication with transfusion
Reduced energy levels/increased fatigue Is it worse before transfusion? Does it improve with transfusion? Is there no change with transfusion?	Improves with transfusion	No benefit from transfusion → Document → Discuss future management with responsible medical practitioner	N/A
Shortness of breath. Is there a known cause or is it a new problem? Undertake O2 saturations and respiratory rate	Only on exertion. Not a new problem.	All the time but not a new problem → Transfuse with caution	All the time New problem But may be explained by low Hb → Medical / Senior nurse Review
Chest Pain	None	Occasional → Transfuse with caution	Present now → urgent medical review
Dizziness	No	Occasional → Transfuse with caution	Yes, often Check erect and supine Blood Pressure → Medical / Senior nurse Review
Bruising	No	Bruising due to trauma? Check platelet count → transfuse with caution	Spontaneous bruising/Petechial rash → Check platelet count and discuss with responsible medical practitioner
Bleeding; Is this a new problem? Is there a known cause of bleeding? Are they on anticoagulants?	No	Yes but stops easily → transfuse with caution	Yes, difficult to stop → Discuss with responsible medical practitioner
Pyrexia	Apyrexial	Pyrexia known focus of infection on antibiotics → Discuss with medical staff / senior nurse → consider delaying transfusion	Pyrexia unknown origin → consider withholding transfusion following assessment of clinical need / priority → medical / senior nurse review → consider admission if outpatient attendance

Palpitations Is pulse rate irregular?	No	Occasional but not at present →Transfuse with caution	Present → Needs medical / senior nurse review
Does the patient have specific needs? Please refer to NHS Borders Protocol for Specific Requirements for further details.	No	Yes →irradiated blood components	Unknown → no transfusion until confirmed
Is the patient within one week of PBSC/BM harvest (post harvest irradiated blood not required until start of conditioning)?	No	Yes →Irradiated components products	Unknown → no transfusion until discussed with haematologist
Has the patient had a stem cell transplant?	No	Yes → auto/allo → check for specific requirements	Unknown → no transfusion until requirements known