

All-Wales Transfusion Competency

Pre-Transfusion Sampling Assessment

PC = Performance criteria	KA = Knowledge assessment
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Action: Does / Can the candidate...	Achieved
<p>PC S1 Ensure that the request form contains the patient's:</p> <ul style="list-style-type: none"> • First name • Last name • Date of birth (DOB) • NHS / Hospital N^o <i>plus first line of address, depending on local policy</i> <p>and the requester's:</p> <ul style="list-style-type: none"> • Signature • Contact details 	
<p>KA S1 Explain:</p> <ul style="list-style-type: none"> - why these details must be present on the request form - the principle of 'no form, no phlebotomy' 	
<p>PC S2a Obtain positive patient identification (PPI) by asking the patient to state their:</p> <ul style="list-style-type: none"> • First name • Last name • DOB <p><i>plus first line of address, depending on local policy</i></p> <p>Where the patient is unconscious or otherwise unable to provide reliable PPI (e.g. neonates/ children, confused), ask a relative/ carer or responsible person to Confirm these patient identifiers (where possible)</p>	
<p>KA S2a Explain the importance of using open ended questions (PPI)</p>	
<p>PC S2b</p> <p>Inpatient/day-case – Check the PPI given against the patient's wristband and check these details <u>and</u> the NHS / Hospital N^o on the patient's wristband or approved alternative match those on the request form.</p> <p>Outpatient – Check the PPI given against the request form (it is unlikely that a wristband will be worn)</p>	
<p>KA S2b Explain:</p> <ul style="list-style-type: none"> - additional steps to be taken when identifying an unconscious or compromised patient. - action to be taken if patient identifiers are missing or don't match 	

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PC S3 Perform the pre-transfusion sampling process as one continuous, uninterrupted event at the patient's (bed)side	
KA S3 <i>Explain the risks with bleeding more than 1 patient at a time</i>	
PC S4 Label the sample, either by hand or by a validated bedside label printer, with: <ul style="list-style-type: none">• Patient's first name, last name, DOB, NHS / Hospital N^o• Patient's assigned sex at birth, and ward/location• Date sample taken• Time sample taken• Sample taker's signature	
KA S4 <i>Explain the risks associated with:</i> <ul style="list-style-type: none">- pre-labelled sample tubes- use of addressographs on sample tubes	
PC S5 Complete the declaration on the request form after taking the sample, with: <ul style="list-style-type: none">• Date sample taken• Time sample taken• Taken by (print name)• Sample taker's signature	
KA S5 <i>Explain why it is important to sign the declaration</i>	

Reflective practice

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Name of Candidate:	Job Title/Band:
Staff Number:	Hospital:
Ward:	Directorate:

Assessor Comments

Candidate Comments

Having undertaken the above competency assessment the candidate has demonstrated that they are (*circle as appropriate*):

COMPETENT

NOT COMPETENT *

Further training required

to carry out pre-transfusion sampling

*If referred please indicate:

Date for re-assessment:

Line manager of candidate:

Assessor

Print Name:

Signature:

Initials:

Date:

Candidate

Print Name:

Signature:

Date:

RETURN FORM TO: