

All-Wales Transfusion Competency

Administration of Blood Components Assessment

PC = Performance criteria	KA = Knowledge assessment
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Action: Does / Can the candidate...	Achieved
<p>PC A1 Ensure the patient is wearing a wristband or has an approved alternative containing the patient's:</p> <ul style="list-style-type: none"> • First name • Last name • Date of birth (DOB) • Unique Identification number (NHS / Hospital number) <i>plus first line of address, depending on local policy</i> 	
<p>KA A1 <i>Explain the need for a wristband or approved alternative</i></p>	
<p>PC A2a Prior to arranging collection of blood component, checks:</p> <ul style="list-style-type: none"> • There is authorisation on the All-Wales Transfusion Record (AWTR) including: <ul style="list-style-type: none"> - Patient consent to transfusion is confirmed (where possible) - Indication(s) for transfusion is confirmed as being documented - Need for specific requirements are confirmed/indicated - Completion of a circulatory overload risk assessment is confirmed, and is documented in the patient notes - Date to be given - Component type, and volume and rate of transfusion - Need for concomitant medication is confirmed • There is patent venous access • All equipment necessary is available/prepared • Pre-transfusion observations have been performed 	
<p>KA A2a <i>Explain:</i></p> <ul style="list-style-type: none"> - <i>the need to provide adequate patient information to the person collecting the blood component</i> - <i>the importance of ensuring that patient and staff are prepared</i> 	
<p>PC A2b Check the component pack and compatibility label, as per the AWTR pre-administration checklist, to include:</p> <ul style="list-style-type: none"> • Patient identifiers on AWTR and compatibility label match • Donation number and component blood group on the compatibility label match those on the component pack label • Patient blood group is compatible with component blood group • Component type as authorised on transfusion record • Component is within expiry date/time • Visual quality and integrity checks • Specific requirements of patient are met (if applicable) • Concomitant medication administration 	

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<p>KA A2b <i>Explain the importance of checking:</i></p> <ul style="list-style-type: none"> - <i>patients details, pre-administration checklist and authorisation on the AWTR are fully completed and correct</i> - <i>concomitant medication prescribed (& administering as required)</i> - <i>patient identifiers on the compatibility label match the AWTR</i> - <i>it is the correct component and any specific requirements are met</i> - <i>visible quality of component and the expiry date</i> <p><i>Explain the action to take if any of these are not met / completed</i></p>	
<p>PC A2c Complete the final bedside check for each unit: Check the patient has a legible wristband or approved alternative</p> <p>Obtain positive patient identification (PPI), asking the patient to state:</p> <ul style="list-style-type: none"> • First name • Last name • DOB <p style="padding-left: 40px;"><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 state these patient identifiers (where possible)</p> <p>Confirm ALL patient identifiers are correct and identical on:</p> <ul style="list-style-type: none"> • PPI (where given) • Wristband or approved alternative • Compatibility label attached to the blood component pack <i>(first line of address may be absent with electronic systems)</i> • All Wales Transfusion Record 	
<p>KA A2c <i>Explain:</i></p> <ul style="list-style-type: none"> - <i>importance of using open ended questions to identify patients</i> - <i>correct procedure to follow when identifying conscious, unconscious and compromised patients</i> - <i>risks associated with checking the blood component away from the patient</i> - <i>action to take if there are any discrepancies in the information being checked</i> 	
<p>PC A3 Complete the transfusion within the required time following removal from temperature controlled environment (e.g. blood fridge)</p>	
<p>KA A3 <i>State / explain:</i></p> <ul style="list-style-type: none"> - <i>recommended transfusion times for different components</i> - <i>'30 minute rule' for return of blood components</i> 	
Action: Does / Can the candidate...	Achieved

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PC A4 Complete all traceability documentation and ensure that traceability information is returned to the transfusion laboratory, in line with local guidelines	
KA A4 <i>Explain the importance of returning completed traceability documentation to the transfusion laboratory</i>	
PC A5 Record observations on the AWTR for each unit transfused: <ul style="list-style-type: none">• No more than 60 minutes before the start of the transfusion• 15 minutes after the start of the transfusion• No more than 60 minutes after the end of the transfusion which includes Temperature, Pulse, Blood Pressure, Respiratory Rate and SpO ₂	
PC A6 Demonstrates knowledge of: <ul style="list-style-type: none">• Action to take if there are significant variations in observation• Risks associated with inadequate patient observations• What to do if there is a suspected transfusion reaction	
KA A6 <i>Explain the importance of taking these actions</i>	
PC A7 Complete transfusion documentation, to include: <ul style="list-style-type: none">• Date and time transfusion commenced• Donation number of the component transfused• Volume transfused (units or no. of mLs if transfusion stopped)• Person administering the transfusion• Date and time transfusion completed	
KA A7 <i>Explain the importance of maintaining accurate documentation</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 administration of blood components

*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: