

Blood Transfusion

WEST COAST UNIVERSITY

Student:

		Peer 1	Peer 2	Faculty Evaluation
NPSG	Wash hands per CDC guidelines.			
	Provide patient privacy.			
NPSG	Introduce yourself.			
NPSG	Identify patient correctly using two identifiers (check to chart).			
NPSG	Verify allergy status.			
	Perform environmental safety check.			
	Ensure proper body mechanics.			
	Gather all supplies, equipment, and PPE as needed			
General Survey				
	Verify MD order on chart.			
	Assess the need for procedure.			
	Explain the procedure and educate the patient about the rationale and associated adverse reactions.			
	Ensure informed consent is signed.			
Pre-transfusion				
	Complete request for blood form. Draw type and crossmatch specimen.			
	Have another witness for patient identification.			
	Properly label blood tube.			
	Complete and attach blood identification wristband.			
	Attach barcode labels to blood tube and request form.			
	Send blood tube and request form to laboratory.			
Transfusion - Verification				
	Use two patient identifiers.			
	Obtain pre-infusion vital signs.			
	Compare patient data on blood unit, order form, blood band.			
	Verify blood band with blood unit.			
	Verify blood unit with request form.			
	Have another nurse verify all data.			
Transfusion - Infusion				
	Assure patency of IV line.			
	Hang normal saline flush bag. Ensure all IV tubing roller clamps are closed.			
	Spike normal saline bag and prime tubing, filling blood-tubing filter completely.			
	Close normal saline roller clamp. Spike blood bag.			
	Open blood roller clamp and prime tubing. Connect IV tubing to patient's IV access.			
	Set pump to deliver blood at no more than 2 mL per minute for 15 minutes.			
	Monitor patient for adverse reactions.			
	Measure vital signs after 15 minutes.			
	Increase infusion rate after 15 minutes per prescription or facility's policy.			
	Measure vital signs when infusion is complete. Disconnect blood tubing. Flush IV line.			
	Discard tubing and blood bag. Flush IV as needed.			
Safety	Ensure safe environment: bed to appropriate height, brakes locked, appropriate side rails up and call light within reach.			
NPSG	Wash hands per CDC guidelines.			
Documentation				
	Confirmed transfusion order.			
	Signed consent.			
	Blood product requisition form completed. Type and cross match sent.			
	Blood recipient verification system. Verification of the patient and blood product by two nurses.			
	Pre-transfusion vital signs. Initiation of the transfusion.			
	Monitoring during transfusion, including vital signs after the first 15 minutes or per policy.			
	Any signs of adverse reactions. Interventions based on signs of reactions.			
	Completion of the transfusion. Post transfusion vital signs. Patient's response to transfusion. Disposal of tubing and blood bag.			
	On transfusion form: date and time transfusion completed, total volume transfused, and whether there was a reaction or not.			

PEER #1:

PEER #2:

Faculty Evaluator:

Comments: