



Competency Checklist

Date:	
Employee Name:	
Preceptor/Evaluator's Name	
Competency:	Administration of Blood and Blood Products

INDICATORS OF PERFORMANCE LEVEL SUMMARY

How Met		Level of Competency	
O	Direct Observation/Return Demonstration	1	Below expected standards
V	Verbalization/Discussion	2	Fully meets standards
T	Test	3	Well above standards. May precept peers
NA	Not applicable		

If overall performance or competency is rated below the minimum competency level of 2, that performance or competency must be reassessed within 30 days of this review.

The employee demonstrates skills and competence in the following:	How Met	Level of Competency 1 2 3	Evaluated by:
Reviewed “ ” policy # NUR-804-016			
1. Verify physician order for transfusion and identify the patient.			
2. Verify the completion of consents for administration of blood			
3. explain nature and purpose of impending transfusion to patient			
4. Assemble equipment: <ul style="list-style-type: none"> a. Appropriate administration set for blood or component therapy (y-type administration set for RBC) b. Normal saline solution (usually 250cc bag) c. Equipment for venipuncture if necessary. 			
5. Wash hands.			
6. Prime blood administration tubing with normal saline. <ul style="list-style-type: none"> a. Close all clamps and tubing b. Insert solution spike into NS and hang. c. Invert drips chamber (fill 2/3 full) and prime remainder of tubing with NS solution. 			
7. Perform venipuncture if necessary using #18 g-#20g.			
8. Verify patient's identification with blood when it arrives on unit (must be two licensed person, one of which is an RN) Verify Patient identity using: <ul style="list-style-type: none"> a. Patient Name b. Medical Record number c. Typenex Number Complete and verify the questionnaire in the Blood Bank Compatibility slip with both nurse's signature.			
9. Asses baseline vital sign (TPR&BP) and record on blood requisition label prior to starting transfusion.			
10. On the Blood Bank Compatibility Slip attached to the donor's unit, the date and time it was initiated and the signature of the nurse starting the unit must be documented.			
11. Prepare the unit of blood or component therapy. If using a Y- type tubing:			

<ul style="list-style-type: none"> a. Don gloves b. Insert filter spike into blood bag. c. Hold blood bag and filter upright, about 12" below NS solution bag. d. Open blood filters clamps and allow NS solution to flow backward into filter and tubing e. Close NS solution clamps once solution has reached blood bag. 			
12. Slowly begin transfusion, adjusting flow rate appropriately. Stay with patient for first (15) minutes. Adjust flow rate thereafter to allow a maximum infusion time of (4) hours.			
13. On the Blood Bank slip the patient's vital sign must be documented as follow: <ul style="list-style-type: none"> a. Before Blood Transfusion b. Within 10 minutes of starting c. Within 20 minutes of starting d. After first hour. e. At completion of transfusion. 			
13. Instruct patient/family to notify nurse of any unusual symptoms.			
14. Reassess patient frequently. Follow infusion protocol if necessary.			
15. Upon completion of transfusion: <ul style="list-style-type: none"> a. Close blood filter clamps and opens solution clamps. b. Allow NS solution to clear IV tubing of blood. Run KVO c. Complete blood bank requisition attached to blood recording post transfusion vital sign, etc. d. Don gloves and discard blood bag and tubing as a unit in appropriate container. e. If another unit of blood is to be transfused, repeat procedure using same blood administration set and filter (maximum 2 unit same set) 			
16. Return carbon copy of compatibility label to blood bank. Place chart copy in lab section of medical record.			
17. Document nursing actions and patient responses in medical record as appropriate.			

Employee is competent to perform the above tasks independently and without supervision

Employee's level of competence is below 2. Reassess competency on: _____

Employee's Signature	
Evaluator's Signature	