Transfusion Therapy Competency

| Nurse: | | Facility: | | |
|-----------------|---------------------------------------------------------------------------------------------------------------|------------------------|--------------|--|
| Date: | | Preceptor: | | |
| Skills Reviewed | | Successful | Unsuccessful | |
| 1. | Verify physician/LIP order | | | |
| 2. | Verify consent for transfusion has been obtained | | | |
| 3. | Identify patient using appropriate identifiers | | | |
| 4. | Explain procedure to patient/significant other | | | |
| 5. | Instruct patient to alert the nurse to any unusual sensations experienced during or following the transfusion | | | |
| 6. | Obtain vital signs and assess lung sounds | | | |
| 7. | Verify with second licensed nurse, patient identification by matching blood product label with bracelet | | | |
| 8. | Perform hand hygiene | | | |
| 9. | Assemble supplies and equipment on a clean work surface | | | |
| 10. | Don gloves | | | |
| 11. | Verify vascular access is present and patent | | | |
| 12. | Close all clamps on blood administration set | | | |
| 13. | Hang blood/blood product container and normal saline (if applicable) on IV pole | | | |
| 14. | Remove protective cover from access por product, maintaining asepsis | t on blood/blood | | |
| 15. | Prime the appropriate blood administratio saline | n set with normal | | |
| 16. | Using aseptic technique, insert spike on b set into blood/blood product container and | | | |
| 17. | Vigorously cleanse needleless connector air dry | with alcohol. Allow to | | |
| 18. | Maintaining asepsis, attach flush syringe connector. Aspirate the catheter to obtain | | | |
| 19. | Flush with prescribed flushing agent | | | |
| 20. | Attach blood administration set to needlel | ess connector | | |

| 21. | . Secure blood administration set | | | | |
|-----|----------------------------------------------------------------------------------|--|--|--|--|
| 22. | Initiate transfusion per facility protocol for specific blood/blood product type | | | | |
| 23. | Verify that the solution is infusing at the prescribed rate | | | | |
| 24. | Follow all other procedures for intermittent infusions | | | | |
| 25. | 5. Change needleless connector post infusion per procedure | | | | |
| | Procedure Rating: | | | | |

| Student's Signature: | Da | ite: |
|------------------------|----|------|
| Preceptor's Signature: | Da | ate: |