

Staff Member: _____
Start Date of
Competency: _____

Job Title: _____
Unit: _____

This competency has been assigned to the staff member indicated above and must be completed as part of their assigned role. This competency may need to be renewed at a designated future date to ensure the staff member maintains the required skills.

*The **Staff Member** will discuss previous experiences and skills with the Preceptor in establishing a plan and goals for successfully demonstrating the ability to meet the performance elements of the competency.*

*The **Preceptor** will discuss the best approach with the Staff Member to ensure success in meeting the performance requirements for this competency. The **Preceptor** will date and initial each performance element when validating that the Staff Member **has met the requirement of the element and can deliver this aspect of care without direct supervision**. The Preceptor should indicate in the Notes column any areas the Staff Member should focus on to gain greater proficiency as their development continues. If the **Preceptor** has concerns regarding the Staff Member's ability to meet the performance elements and successfully demonstrate this policy, the Preceptor should document the concerns in the Notes column and contact their **Supervisor** for direction.*

If an element is not applicable, mark NA under Notes.

Applicable References & Policies:	<ul style="list-style-type: none"> Organization Policy and Procedure
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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
Policy and Regulation				
<ul style="list-style-type: none"> Organizational policy on <ul style="list-style-type: none"> Blood Transfusion Policy Blood Transfusion Consent Policy 	D S T V			
<ul style="list-style-type: none"> Applicable CMS, State, and Local regulations 	D S T V			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
Type/Crossmatch, Consent, Order, and Potential Reaction				
• Staff member understands that type and crossmatch are recorded in the patient's medical record.	D S T V			
• Staff member describes the consent process for administering blood or blood components with signatures, dates, and times by the patient or authorized decision-maker and witness.	D S T V			
• Staff member understands that the consent outlines in laymen's terms the risks, benefits, and alternatives to the transfusion of blood and the risks & benefits of alternatives to the transfusion of blood.	D S T V			
• Staff member understands the provider's order needs to be specific to the type of blood or type of blood product to be administered.	D S T V			
• Staff member states the blood order defines the number of units to be transfused and timeframe to be transfused.	D S T V			
• Staff member can articulate the timeframe in which administration must begin following the release of the blood/product from the blood bank.	D S T V			
• Staff member can describe how the blood transfusion order and product are confirmed by two qualified persons prior to the initiation of transfusion: <ul style="list-style-type: none"> The blood product matches the written order The verification process includes comparison of the two patient identifiers to the blood transfusion record tag The ABO and RhType are compared to the blood transition record tag 	D S T V			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<ul style="list-style-type: none"> Staff member verbalizes the signs and symptoms of a transfusion reaction and patient care actions to be taken. 	D S T V			
Documentation and Timeframes				
<ul style="list-style-type: none"> Staff member understands that medical record documentation needs to substantiate that a blood transfusion is initiated within 30 minutes of the release of the product from the blood bank. 	D S T V			
<ul style="list-style-type: none"> Staff member understands the following documentation requirements: <ul style="list-style-type: none"> Patient's pre-transfusion temperature, pulse, respiration rate, and blood pressure are needed. Vital are measured and recorded every 15 minutes during the transfusion. 	D S T V			
<ul style="list-style-type: none"> Staff member understands that a transfusion needs to be completed within the prescribed timeframe. 				
<ul style="list-style-type: none"> Staff member verbalizes the process for documenting a suspected transfusion reaction. 	D S T V			
Transfusion and Monitoring				
<ul style="list-style-type: none"> Staff understands to verify a large bore IV access (18G or larger). 	D S T V			
<ul style="list-style-type: none"> Staff understands to use normal saline only with transfusions. 	D S T V			
<ul style="list-style-type: none"> Staff understands that patient education on blood transfusion and signs/symptoms of transfusion reaction is needed. 	D S T V			
<ul style="list-style-type: none"> Staff member understands what to monitor with transfusion reaction (fever, chills, urticaria, pruritis, respiratory distress, hypotension, and hemoglobinuria). 	D S T V			

I hereby attest that I have completed this assigned competency and feel confident in my ability to perform the listed performance elements. I understand that if I have any questions regarding my abilities to perform in my role, I will contact my supervisor immediately.

Signature of Staff Member: _____

Date: _____

Signature of Preceptor: _____

Date: _____

Signature of Supervisor: _____

Date: _____

Notes: