HERZING UNIVERSITY | SCHOOL of NURSING

BLOOD ADMINISTRATION
SKILL VALIDATION

Student Name: _____ Date: _____

Supplies Needed	Blood bag, normal saline, y-tubing with filter, gloves, alcohol swabs, tape
Equipment Needed	IV Arm, Pump, Transfusion sheet, Consent form, Vital signs equipment

	Points Allowed	1st Attempt	2nd Attempt
Preparation			
Perform I-CHECK: Introduce yourself; **Check armband (two patient identifiers**) Hand hygiene; Explain procedure Check order; Keep privacy	+1		
Obtains transfusion history • Previous transfusion reactions • Allergies	+2		
Performs pre-transfusion assessments • Verifies type and cross has been completed • Lab values (coagulation panel, potassium, blood type, H&H, platelets) • Ensures appropriate gauge IV is inserted (18G or greater is needed for rapid infusions, pediatric needs 22-24G, consider if 2nd IV is needed as nothing can go into a blood IV line) • **Obtains baseline vitals**	+4		
Performs education to patient • Review purpose of the transfusion • Signs & symptoms of a transfusion reaction • Validates understanding	+3		
Obtain patient consent	+1		
Pre-medicates patient per orders	+1		
Priming the line • Clamps second side of the Y-tubing • Prime the Y-Tubing with normal saline	+2		
Verification			
Obtain blood from blood bank or lab	+1		
Verify the blood product at lab (instructor is lab) • **Patient name** • **Patient identification number (Could be MRN, Blood Bank #, barcode scan)** • **Blood product type (ABO)** • **Blood Rh compatibility (+, -)** • **Blood Unit number** • **Expiration date**	+1 (must verify all aspects in order to receive point)		

Bolded Items: If missed and not caught will result in an automatic unsuccessful.

Updated 04/04/2025

Verify the blood product at bedside with another nurse • **Patient name** • **Patient identification number (MRN)** • **Blood product type (ABO)** • **Blood Rh compatibility (+, -)** • **Blood Unit number** • **Expiration date**	+1 (must verify all aspects in order to receive point)		
Administration of Blood			
Priming the blood • Apply gloves • Close the first side clamp of the Y-tubing with the normal saline • Connect blood to the second side and open the clamp • Squeeze filter and prime with blood	+4		
Connecting the blood • Swab port with alcohol • Connect the line to the patient	+2		
Verbalize to instructor your rate for administration and how long you have to administer blood (Per orders, usually within 2-4 hours)	+1		
Remain with patient for the first 15 minutes to ensure no transfusion reaction • Verbalize to instructor what you would do during a transfusion reaction • May increase rate as patient tolerates (First 15 minutes 1-2 ml/min remember pump rate is mL/hr)	+1		
Obtain vital signs per protocol • 1 min • 5 min • 15 min	+3		
Post-Procedure			
Flush line with normal saline after transfusion is complete	+1		
Document assessment findings, vitals, premedication, nurse verification, infusion rate, and patient response in the medical record	+1		
Total Points (successful/Unsuccessful) 22 out of 27 needed to be successful			
Comments			

Evaluator Initials or Signature: _____ Date: _____

1ST Attempt Pass _____/Needs Remediation_____

Evaluator Initials or Signature: _____ Date: _____

2nd Attempt Pass _____/Lab Fail_____

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