



# Implementing Nurse Authorisation of Blood Components



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**Better Blood Transfusion Team**



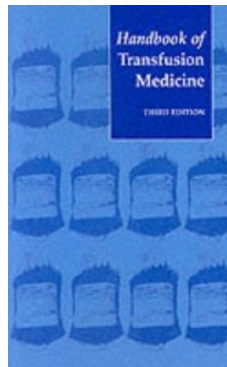
# Background



- A collaborative project between SNBTS and NHSBT explored the feasibility of nurses and midwives 'prescribing' blood components (started 2005)
- Fragmentation of patient care for patients who require blood transfusion support
- Supported by UK Better Blood Transfusion Network



# Who can prescribe blood ?



‘For administration purposes, blood components should be viewed as medicines and that prescription of these components are the responsibility of a doctor’

*Transfusion Medicine*, 1999, 9, 227–238

## GUIDELINES

### The administration of blood and blood components and the management of transfused patients

British Committee for Standards in Haematology, Blood Transfusion Task Force (Chairman P. Kelsey) in collaboration with the Royal College of Nursing and the Royal College of Surgeons of England. Working Party: M. F. Murphy (Convenor), C. L. J. Atterbury, J. F. Chapman, J. S. Lumley, D. B. L. McClelland, R. Stockley, D. Thomas and J. Wilkinson. Membership of Task Force: M. Bruce, J. F. Chapman, J. Duguid, P. Kelsey, S. M. Knowles, M. F. Murphy, and L. M. Williamson

Errors in the requesting, supply and administration of blood lead to significant risks to patients. A survey of hospital blood transfusion laboratories in the UK in 1993 revealed 111 instances of blood being transfused to the wrong patient in an 18-month period (an incidence of 1 in 30 000 units transfused); 6 patients died and another 6 had serious morbidity associated with ABO-incompatible transfusions (McClelland & Phillips, 1994). A similar fatality rate was found in the United States (equivalent to

single authoritative and comprehensive source supported by medical and nursing professional opinion.

This is a document produced by the BCSH in collaboration with the Royal College of Nursing and the Royal College of Surgeons of England to set out the principles from which local policies and written procedures can be developed for:

- requests for blood transfusion and the collection of blood samples for pretransfusion compatibility testing

**blood transfusion**  
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procedure. Blood and blood components are viewed as medicines for administration purposes, and prescribed medicines should only be administered by a doctor, or a nurse holding current registration of the UKCC Professional Register as a Registered General Nurse (RGN), Registered Sick Children's Nurse (RSCN) or Registered Midwife (RM).

#### 2 Prescription of blood and blood components

**The prescription of blood and blood components is the responsibility of a doctor.** Blood and blood components should be prescribed on prescription sheets for intravenous fluids or on special transfusion prescription sheets; it is essential that the prescription sheet should



# Project Findings



- 🔴 Literature review – no published papers
- 🔴 Nurses assessed the patient's clinical status and transfusion requirements, influenced the decision to transfuse
- 🔴 60% respondees supportive
- 🔴 Blood components excluded from 1968 Medicine act since 2005
- 🔴 No specific legislation, which requires a doctor to carry out the activity of writing the authorisation for blood components



## Should nurses prescribe blood components?

Pirie E, Green J (2007) Should nurses prescribe blood components? *Nursing Standard*. 21, 39, 35-41. Date of acceptance: April 5 2007.

### Abstract

**Aim** To explore the feasibility of nurses prescribing blood components.

**Method** Using a convenience snowball sample, a UK-wide questionnaire survey was undertaken to identify transfusion practices and capture the opinions of nurses and doctors.

**Results** A total of 179 (59%) of 302 respondents were supportive of nurses prescribing blood components, saying it would have a positive effect on the quality of patient care, result in fewer treatment delays and help doctors and nurses to use their time more effectively. The remaining 123 (41%) respondents had reservations about time and resource constraints and worries about undermining medical care and responsibility.

**Conclusion** Development of non-medical prescribing to allow nurses to prescribe blood components has the potential to deliver a more patient-centred quality service.

### Authors

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### Keywords

**Blood and blood disorders; Nursing role; Prescribing**  
These keywords are based on the subject headings from the British Nursing Index. This article has been subject to double-blind review. For author and research article guidelines visit the *Nursing Standard* home page at [www.nursing-standard.co.uk](http://www.nursing-standard.co.uk). For related articles visit our online archive and search using the keywords.

Currently, prescribing blood components is viewed as a medical responsibility but anecdotal evidence suggests that some nurses are assessing patients, making treatment decisions and then having these decisions 'rubber-stamped' by a doctor. Similar prescribing practice was identified 20 years ago in the Cambridgeshire Region (Department of Health (DH) 1986).

This practice has potential risks for patients and nurses because there are no accreditation programmes to ensure safe and appropriate prescribing of blood components. Therefore, the National Blood Service (NBS) and the Scottish National Blood Transfusion Service (SNBTS) agreed to lead a collaborative project to explore the feasibility of nurses with relevant experience and who work in the appropriate clinical area gaining the right to prescribe blood components.

This article presents the findings of a survey designed to identify current practices of prescribing blood components and capture the opinion of nurses and doctors on role development in that area. Directions for future practice are suggested.

### Background

In 1996, the Serious Hazards of Transfusion (SHOT), a voluntary, confidential reporting scheme for the serious sequelae of blood transfusion, was launched in the UK. The annual reports have consistently demonstrated that the largest number of reported incidents (2,317 cases, 71.5% of all reported) related to the 'incorrect blood component transfused' category (SHOT 1996-2006). Also highlighted were cases of patients receiving inappropriate or unnecessary transfusions as a result of sample errors, communication failures and prescription errors. There have been 106 (6%) such reports and two patients have died from unnecessary transfusions (SHOT 1996-2006).

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## HMRA, NMC, RCN Advice



- 🔴 No legal barrier to an appropriately trained nurse or midwife authorising blood transfusion
- 🔴 Each hospital should identify the limits of which practitioner can carry out each activity relating to blood transfusion'



# BCSH Guideline 2009



## 🔴 National guidance changed

### Guideline on the Administration of Blood Components

British Committee for Standards in Haematology

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#### Disclaimer

While the advice and information in these guidelines is believed to be true and accurate at the time of going to press, neither the authors, the British Society for Haematology, the British Transplantation Society nor the publishers accept any legal responsibility for the content of these guidelines.

#### Date for guideline review

December 2012 (first published in December 2009)

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*alternatives to transfusion explained to them. All information given, written and verbal, and consent to proceed, should be clearly documented in the patient's clinical record.*

#### 10.2 Prescription

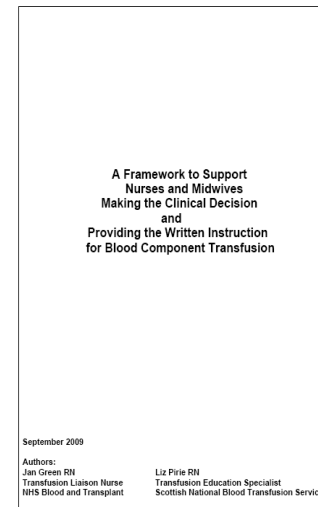
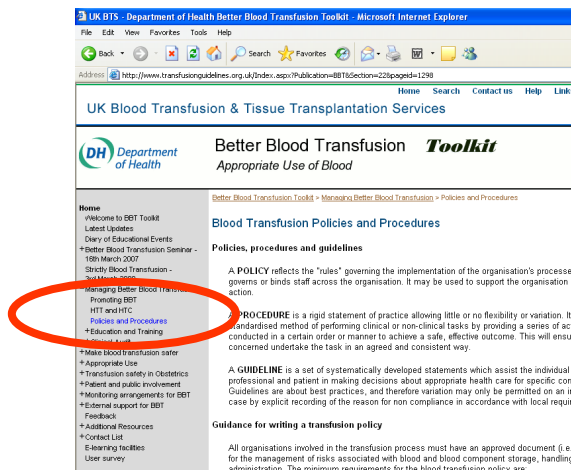
- The prescription of blood components is the written authorisation to administer a blood component and is different to the request (see section 11).
- Blood components should only be prescribed by an appropriately trained, competent and locally authorised registered practitioner, using an approved prescription sheet for intravenous fluids or on a special transfusion documentation chart.
- Section 130 of the 1968 Medicines Act has been amended by regulation 25 of the BSQR (SI 2005 No.50 as amended). The effect of this amendment is to exclude whole human blood and blood components from the legal definition of medicinal products and thus incapable of 'prescription' by any practitioner. Therefore, although the prescription of blood components has traditionally been regarded as the responsibility of a medical practitioner, there are no legal barriers to other appropriately trained competent registered practitioners ordering, authorising and administering blood. A national consultation has been undertaken to develop a framework that will allow practitioners who undertake this role to practice safely (Pirie and Green 2009). Further progress on this work will be reported to BCSH Transfusion Task Force.
- Since it has become 'custom and practice' to refer to blood components as being 'prescribed', the term prescription has been used throughout this guideline. In this context 'prescription' means the written authorisation or instruction to administer blood components.
- Ideally, to prevent communication or transcription errors, blood components should be prescribed by the registered healthcare professional making the decision to transfuse.
- The prescription should include the following information:
  - patient core identifiers
  - date (and time if appropriate) the blood component transfusion is required
  - type of blood component to be administered
  - any clinical special transfusion requirements e.g. irradiated, CMV-seronegative, blood warmer required



# The Framework



- 🔥 Briefing Paper - Undertook a wide consultation with regulatory and professional bodies
- 🔥 Set up a multidisciplinary group to consult on the content of a governance Framework - launched 2009
- 🔥 Support received from key stakeholders, UK Blood Transfusion Services and the National Hospital Transfusion Committees



Ref: Pirie, E., Green, J. 2009 [www.transfusionguidelines.org.uk](http://www.transfusionguidelines.org.uk)



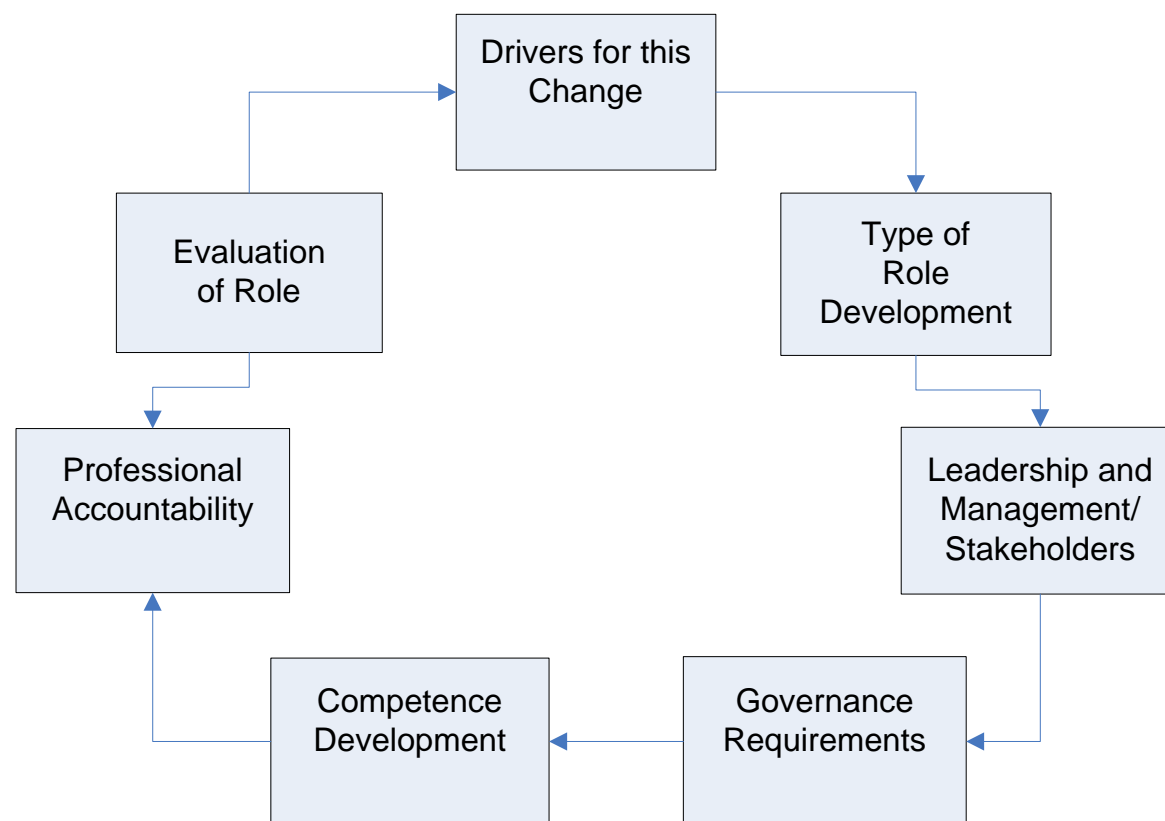
# The Framework



- 🔥 Patient selection
- 🔥 Selection criteria for nurses and midwives
- 🔥 Indemnity issues
- 🔥 Education and training
- 🔥 Clinical governance procedures
- 🔥 Responsibilities of the nurse/midwife, medical consultant and management
- 🔥 Informed consent
- 🔥 Reviewing and monitoring practice



# Role Development





# Drivers for Change



- 🔥 Policy aims: *enhance patient care*
- 🔥 Managerial aims: *potential to address service needs*
- 🔥 Professional aims: *enhance practitioner autonomy*



# Type of Role Development



## 💧 Which nurses?

- 💧 e.g. Advanced Neonatal Nurse Practitioners, Haematology Nurses, Intensive Care Practitioners , Advanced Renal Practitioners

## 💧 Boundaries of the role; Which blood components



# Leadership and Management



- Senior management and clinician support
- Lead person identified
- Barriers identified and strategies in place
- Monitoring arrangements



# Governance



- Role developed in line with NMC regulatory framework
- Clearly defined role responsibilities and boundaries
- Appropriate protocols and guidelines in place
- Risk assessment completed
- Supervision and professional support arrangements in place



# Competence Development



- Identify appropriate learning activities e.g.
  - Completion of Module 1: Safe Transfusion Practice and Module 2: Blood Components and Indications for Use
  - Authorising Blood Components for Nurses workshop
- Identify any remaining knowledge gaps and develop action plan
- Undertake appropriate learning activities and provide evidence in Learning Portfolio
- Supervision (approx 6mnths) and assessment of competence by workplace case based assessments



# Professional Accountability



- 💧 NMC does not place any conditions or restrictions on the practice of registered nurses or midwives
- 💧 Adjust their practice in response to changing patient needs
- 💧 Develop their practice in accordance with their knowledge and competence
- 💧 Ensure they are appropriately prepared to take on new aspects to their roles
- 💧 **Personally accountable** for their own practice
- 💧 Able to **justify decisions** regardless of advice or directions from other professionals



# Professional Accountability



- 💧 Legally, nurse or doctor expected to provide the **same standard** of care
- 💧 **Personally accountable** for their own practice
- 💧 Nurses and midwives are covered for vicarious liability by their employer
- 💧 Additional professional indemnity insurance e.g. by means of membership of a professional organisation or trade union is recommended





# Evaluation



- 🔥 Evaluation strategy agreed
- 🔥 Data collection tools developed
- 🔥 Dissemination of evaluations
- 🔥 Performance review
- 🔥 Sustainability/ succession planning



# Benefits



- Person centred
- Improved safety
- Improved clinical effectiveness
- Improved service delivery



## **Acknowledgements**

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and to all those who reviewed and gave feedback on the  
Framework

**Any Questions?**