



# Non Medical Authorisation of Blood Components

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# Aims of session

Why is this needed?

Legal aspects

Requirements

Impact on patients





# Why?

Political policy over the last 20 years has emphasised the need for a modern NHS with services that are organised and developed around the needs of the patient.

Extended roles for nurses have been growing in number and traditional boundaries between clinical roles have been crossed to allow more flexible working for the benefit of patients

Extended roles are not about replacing doctors but about nurses using their knowledge and expertise to ensure that the patient is treated by the most appropriate practitioner

Many experienced nurses and midwives work closely with patients in areas where regular blood transfusions are administered and they are best placed to deliver individualised care to their patient group

Evidence from the development of non-medical prescribing demonstrated that nurses were prescribing appropriately in a wide range of clinical situations (Brooks et al., 2001, Latter et al., 2005).

Patients and medical staff are positive about the development on non medical prescribing (Rodden, 2001)

Recognition that nurse specialists become experts in the medical treatment of their patient cohort and develop and work to strict protocols and guidelines (RCN, 2005)

# Legal aspects



An amendment to section 130 of the 1968 Medicines (DoH, 1968) by regulation 25 of the Blood Safety Quality Regulations (SI 2005 no 50) excluded blood components (red cells, platelets, cryoprecipitate and fresh frozen plasma) from a legal definition of medicinal products.

Only medicines can be prescribed. Blood components require a written instruction, or authorisation, to transfuse.

Therapeutic products derived from blood or plasma (IVIg, Factor replacement) are classified as medicines and can be prescribed by an independent prescriber.

There are no legal barriers to trained, competent, registered non-medical practitioners authorising blood components, providing they are working within their scope of practice, appropriately trained and deemed competent

Relatively new extended role

Framework document written in 2009 with the support of the NMC, RCN, RCM, UK blood transfusion forum and national committee's and advisory groups from England, Wales, Scotland and Northern Ireland

Indemnity issues as with any extended role

# **Selection of appropriate practitioners**

Education and training

Decision on appropriate components

# **Selection of appropriate patients**

Remain under consultant care

**Improvement in patient care without  
compromising safety**

# Requirements

Guidelines to support, not replace, knowledge and skills

Local policy and competencies

Individual scope of practice

Medical supervision and support



# Additional courses - practitioner requirements

Advanced nurse practitioner qualification

Assessment skills

Attendance at NHSBT course

Completion of competency package

Medical support



# Patient Group

Patients with a known diagnosis for an episode of care

Patients who are well known to the practitioner

Patients with stable chronic disorders

Patients with treatment that necessitates routine transfusion  
ie: chemotherapy

Patients whose care is being administered  
within a multidisciplinary team approach  
ie: ITU/PICU/NICU

Inpatient and Outpatient episodes



# Key points

Patient centred care

Practitioners with excellent knowledge of the whole transfusion process and ability to ensure safe delivery of transfusion

Documentation