

Nurse authorisation in practice

Lindy Defoe
CNS haematology



Training and competency

- Up-to- date with mandatory training
- Competency assessment for nurse authorisation
- Consent training
- NMC code –
 - 6 – always practice in line with the best available evidence
 - 10 – keep clear and accurate records
 - 18 – ‘prescribe’--- if you have enough knowledge of that person’s health and are satisfied that the medicines or treatment serve that person’s health needs



BLOOD TRANSFUSION PRESCRIPTION AND ADMINISTRATION RECORD

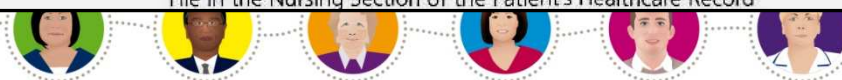
South Tees Hospitals **NHS**
NHS Trust

UK BLOOD SAFETY AND QUALITY REGULATIONS 2005

REASON FOR TRANSFUSION:		Previous Transfusion: YES / NO Details:	Date: _____ Hospital: _____	Consultant: _____ Ward: _____
REQUESTING DOCTOR: Name: _____ Bleep: _____		History of adverse reaction to Blood/Blood products YES / NO	Hospital Number _____	
SPECIAL REQUIREMENTS: CMV NEGATIVE: YES / NO IRRADIATED: YES / NO Further Instructions/Medication: (separate prescription)			Surname _____ First Name _____ Address _____ DOB _____ M/F _____	

PRESCRIPTION					BEDSIDE CHECKS				Informed Consent: Y / N Patient Information leaflet given: Y / N	
START DATE	UNIT(S) (State Volume in mls for Paeds)	BLOOD PRODUCT	Rate/Duration (Max. 4hrs/pack)	PRESCRIBED BY	Wristband	Verbal ID	Pack & Label Donation No	Expiry Date	COMPLETE AND ATTACH COMPATIBILITY LABEL BELOW	Record Transfusion Observations on EWOS Initial below
				Print: _____ Sign: _____					Donation number Product: _____ Pretransfusion checks completed and recorded and transfusion started Time _____ Date _____ Signature _____ Signature _____	Minimum Obs Baseline: _____ At 15 mins: _____ Completion: _____ Stop Time: _____ Reaction: Y/N
				Print: _____ Sign: _____					Donation number Product: _____ Pretransfusion checks completed and recorded and transfusion started Time _____ Date _____ Signature _____ Signature _____	Minimum Obs Baseline: _____ At 15 mins: _____ Completion: _____ Stop Time: _____ Reaction: Y/N

File in the Nursing Section of the Patient's Healthcare Record



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Page 1-2 of 2

View Options Close

Nurse authorisation of red cells and platelets – Audit tool

Site Hospital number

Ward Date of transfusion

Division Product

Unit no. of first unit on prescription

	YES	NO
1. Was an up-to-date prescription form used?	<input type="checkbox"/>	<input type="checkbox"/>
2. Patient details		
Is the following present on the prescription chart		
a. Last name	<input type="checkbox"/>	<input type="checkbox"/>
b. First name	<input type="checkbox"/>	<input type="checkbox"/>
c. D.O.B	<input type="checkbox"/>	<input type="checkbox"/>
d. Hospital number	<input type="checkbox"/>	<input type="checkbox"/>
3. Indication for transfusion		
a. Is there a clinical indication for the transfusion recorded in the patient's clinical records	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the decision to transfuse recorded in the clinical records	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the decision to transfuse dated	<input type="checkbox"/>	<input type="checkbox"/>
d. Is there a pre-transfusion haemoglobin or platelet count recorded	<input type="checkbox"/>	<input type="checkbox"/>
4. Completion of prescription		
Was the following data recorded on the prescription from:		
a. The component to be transfused	<input type="checkbox"/>	<input type="checkbox"/>
b. The start date for transfusion	<input type="checkbox"/>	<input type="checkbox"/>
c. The rate of transfusion	<input type="checkbox"/>	<input type="checkbox"/>
d. A printed name	<input type="checkbox"/>	<input type="checkbox"/>
e. A signature	<input type="checkbox"/>	<input type="checkbox"/>

Nurse authorisation of blood audit tool.2012.-LDefoe

5. Special requirements

Were special requirements completed on the prescription

a. Irradiated ☐ ☐

b. CMV-seronegative ☐ ☐

6. Was there evidence of informed consent? ☐ ☐

Additional comments

Completed by: _____ Date: _____

Nurse authorisation of blood audit tool.2012.-LDefoe

InfoFlex v5 Data Entry - Haematology (Nurse)

InfoFlex Module View Subject Event Help

Data View

Haematology (Nurse)

Data View Design

- Patient Registration
 - Sickle Cell Care Plan
 - Care Plan
 - Transfusion Dependant Record
 - Initial Referral (r)
 - Nurses Visits (r)
 - Nurse Visit
 - Chemotherapy Toxicity Assessme
 - Chemotherapy Advice Letter (r)
 - Haematology Patient Profile

Subject Overview

- Sickle Cell Care Plan
- Transfusion Dependant Record
- Record of Transfusion (07/05/2015)
- Initial Referral (19/09/2014 00:00 ::)
- Nurses Visits (12/11/2014 00:00 :: D)
- Nurses Visits (14/11/2014 13:00 :: D)
- Nurses Visits (18/12/2014 09:00 :: D)
- Nurses Visits (19/12/2014 09:00 :: D)
- Nurses Visits (14/01/2015 09:00 :: D)
- Nurses Visits (16/01/2015 11:00 :: D)
- Nurses Visits (11/02/2015 10:00 :: D)
- Nurses Visits (12/02/2015 09:00 :: D)
- Nurses Visits (11/03/2015 12:00 :: D)
- Nurses Visits (12/03/2015 09:00 :: D)
- Nurses Visits (09/04/2015 14:00 :: D)
- Nurses Visits (10/04/2015 11:00 :: D)
- Nurses Visits (06/05/2015 15:00 :: D)
- Nurses Visits (08/05/2015 00:00 :: D)
- Nurses Visits (08/05/2015 14:00 :: D)
- Nurses Visits (08/06/2015 11:00 :: D)
- Nurses Visits (09/06/2015 10:00 :: D)
- Nurses Visits (06/07/2015 12:00 :: D)
- Nurses Visits (07/07/2015 09:00 :: D)
- Nurses Visits (06/08/2015 10:00 :: D)

Data Entry - Transfusion Dependant Record

Last changed by 'Idefoe' on 09/11/2015 at 12:04:49

Hospital Number: D092785

Transfusion Dependant Record

Date of record	07/05/2015 00:00:00
Diagnosis	Sickle cell anaemia
IPSS	N/A
Consultant	C3658561 - PLEWS, D
Transfusion (Target Hb)	10g/L
Transfusion (Platelet trigger)	N/A
Irradiated	No
Iron (Baseline ferritin)	1433
Iron (Date baseline ferritin taken)	11/02/2015
Is iron chelation indicated	Yes
Date iron chelated started	12/02/2015
Not for iron chelation decision recorded date	
Reason not for iron chelation	
Notes	On Exjade 20mg/kg/day (1000mg daily), ferritin stable at around 1500 as of 07/05/2015. Exjade dose increased to 1250mg day in June 2015

Date	Hb	Platelets	Symptoms/comments	Numbe
08/05/2015	91g/L			2
09/06/2015	96g/L		Prophylactic transfusion to reduce HbS% due to childhood stroke	2
07/07/2015	96			2

Live Idefoe Haematology (Nurse) Data Entry Mode (1/1)



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InfoFlex v5 Data Entry - Haematology (Nurse)

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Hospital Number D092785

Screens Grid

Transfusion Dependant Record

Date	Ferritin	Iron chelation/drug dose	Requirements/compliance/adverse reac
06/05/2015	1532	Exjade 1000mg daily	No problems re compliance, exjade dose = to 20mg/kg/day
08/06/2015	1808	As above	Consider increasing dose to 1250mg daily = 25mg/kg/day ferritin not reduced
29/06/2015	1680	Exjade increased to 1250mg/day	dose equivalent to approx 25mg/kg/day
06/08/2015	1981	As above	
11/09/2015	1782	1250mg/daily	Continue on same dose. No concerns re adherence. Has adjustment to treatment required
09/10/2015	1729	1250mg/daily	Tolerated well. No concerns re compliance. continue same
06/11/2015	1724	1500mg/daily	complying with exjade. Dose increased today to 1500mg a needs to reduce.

Live Idefoe Haematology (Nurse) Data Entry Mode (1/1)

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Only authorise for patients you have made the clinical decision to transfuse

Be vigilant of recent changes – pregnancy, irradiated

Iron overload – who is responsible for monitoring this and for managing patients if on iron chelation therapy

Consent – when and how often to up-date

Reflection



Thank you

