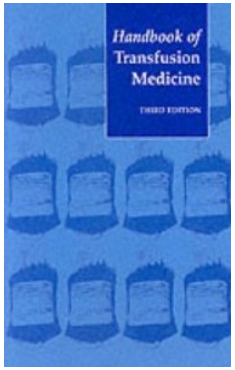
Implementing Nurse Authorisation of Blood Components

Liz Pirie MSc BSc RGN PgCert ITL

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

lood transfusion
ted, including the
ıe the blood was

ıre delivered to a
ɔer of appropri-
he correct blood
ɔd collection slip

tained for at least

wing its delivery

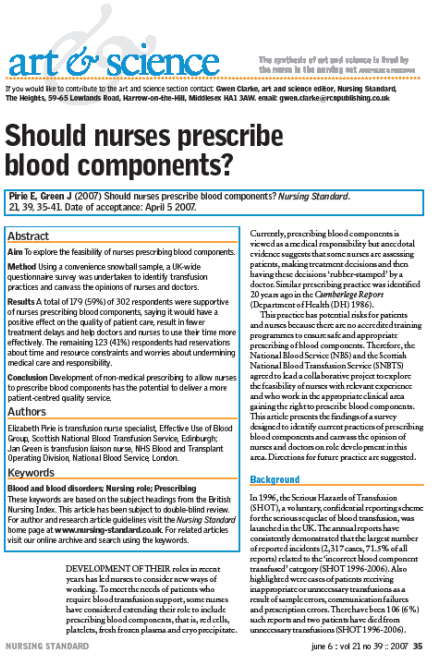
procedure. Blood and blood components are viewed as medicines for administration purposes, and prescribed medicines should only be administered by a doctor, or a nurse holding current registration of the UKCC Professional Register as a Registered General Nurse (RGN), Registered Sick Children’s Nurse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



art & science

If you would like to contribute to the art and science section contact: **Gwen Clarke, art and science editor, Nursing Standard, The Heights, 59-65 Lowlands Road, Harrow-on-the-Hill, Middlesex HA1 3AW. email: gwen.clarke@rcnpublishing.co.uk**

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 canvass 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

Elizabeth Pirie is transfusion nurse specialist, Effective Use of Blood Group, Scottish National Blood Transfusion Service, Edinburgh; Jan Green is transfusion liaison nurse, NHS Blood and Transplant Operating Division, National Blood Service, London.

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**. For related articles visit our online archive and search using the keywords.

DEVELOPMENT OF THEIR roles in recent years has led nurses to consider new ways of working. To meet the needs of patients who require blood transfusion support, some nurses have considered extending their role to include prescribing blood components, that is, red cells, platelets, fresh frozen plasma and cryo precipitate.

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 *Cumberlidge Report* (Department of Health (DH) 1986).

This practice has potential risks for patients and nurses because there are no accredited training 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 canvass the opinion of nurses and doctors on role development in this 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 reports) 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).

Ref: Pirie, E., Green, J. (2007) Should nurses prescribe blood components *Nursing Standard*

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

Address for correspondence:
BCSH Secretary
British Society for Haematology
100 White Lion Street
London
N1 9PF

e-mail bcsh@b-s-h.org.uk

Writing group:
AM Harris[1] (BCSH Lead), CLJ Atterbury[2], B Chaffe[3], C Elliott[4], T Hawkins[5], SJ Hennem[6], C Howell[7], J Jones[8], S Murray[9], HV New[10],D Norfolk[11], L Pirie[12], J Russell[13], C Taylor[14]

Date for guideline review
December 2012 (first published in December 2009)

[1] Transfusion Liaison Nurse, NHS Blood and Transplant (NHSBT)
[2] Clinical Nurse Specialist in Haematology and Transfusion Medicine, The Queen Elizabeth Hospital King's Lynn NHS Trust
[3] Transfusion Co-ordinator, East Kent Hospitals NHS Trust
[4] Transfusion Laboratory Manager, South Tees Hospitals NHS Trust
[5] Transfusion Practitioner, Royal Berkshire Hospital NHS Foundation Trust
[6] Transfusion Practitioner, Great Ormond Street Hospital for Children NHS Trust
[7] Chief Nurse Patient Services, NHSBT
[8] Hospital Transfusion Practitioners Manager, Welsh Blood Service
[9] Northern Ireland Co-ordinator Haemovigilance Services, Belfast Trust
[10] Consultant in Paediatric Haematology and Transfusion Medicine, Imperial College Healthcare NHS Trust /NHSBT
[11] Consultant Haematologist, Leeds Teaching Hospitals NHS Trust / NHSBT
[12] Transfusion Nurse Specialist, Scottish National Blood Transfusion Service, Effective Use of Blood Group
[13] Safer Practice Lead, National Patient Safety Agency
[14] Consultant Haematologist, Dudley Group of Hospitals NHS Trust

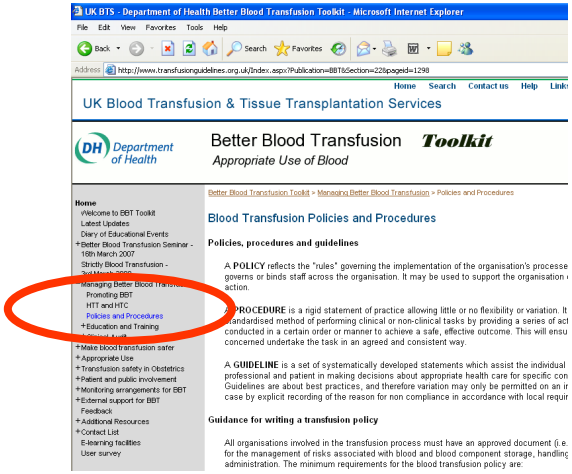
alternatives to transfusion explained to them. All information given, written and verbal, and consent to proceed, should be clearly documented in the patient's clinical record.

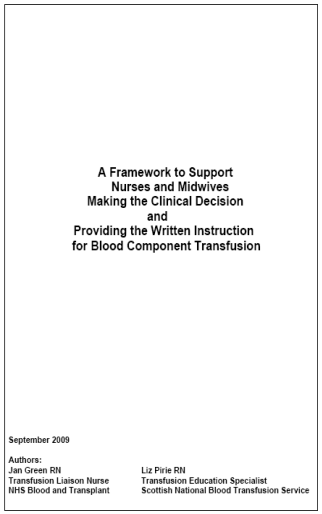
10.2 Prescription

- 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 by 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




A Framework to Support
Nurses and Midwives
Making the Clinical Decision
and
Providing the Written Instruction
for Blood Component Transfusion

September 2009

Authors:
Jan Green RN
Transfusion Liaison Nurse
NHS Blood and Transplant

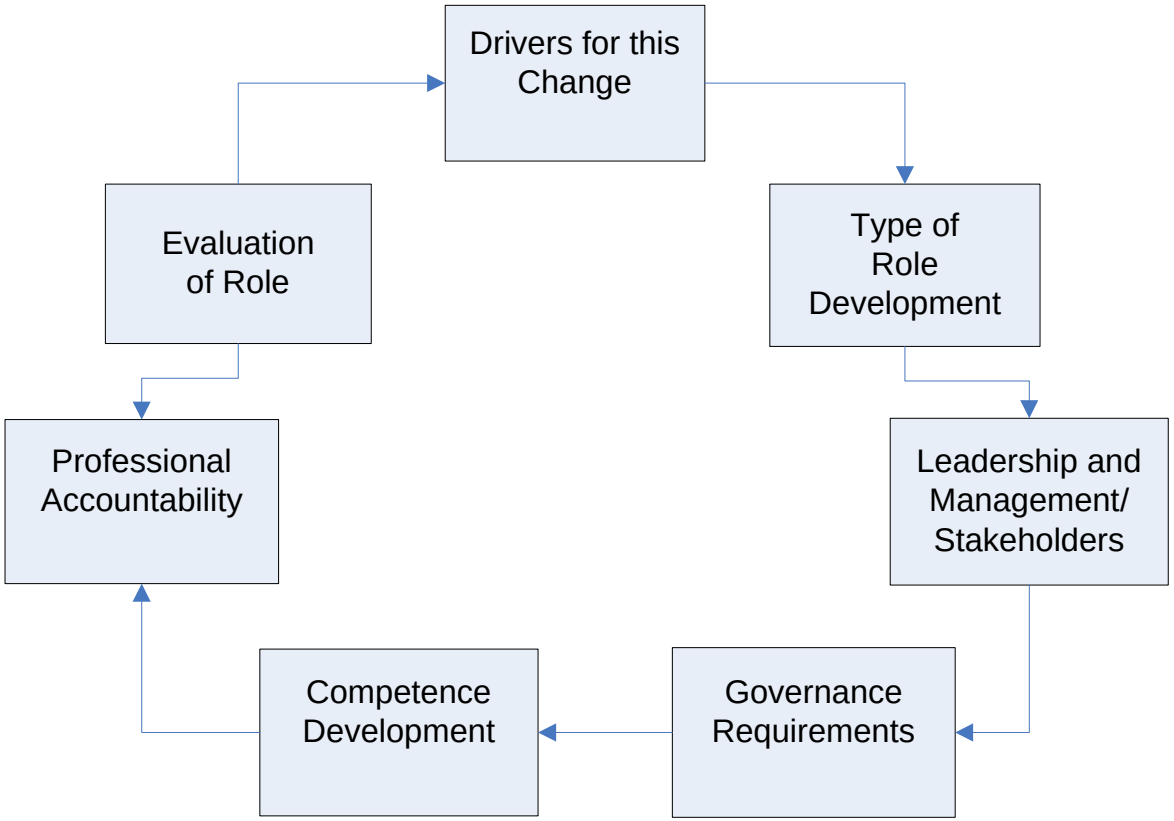
Liz Pirie RN
Transfusion Education Specialist
Scottish National Blood Transfusion Service

Ref: Pirie, E., Green, J. 2009 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 arrangments

Governance

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

Ref: The Healthcare Quality Strategy for NHSScotland 2010

Acknowledgements

Thanks to SNBTS and NHSBT for their support

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

Any Questions?