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For faculty use only Date Educator’s name

Score

 ATI Skills Modules Checklist for Blood Administration

Student’s name Date



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| --- | --- | --- | --- |
| Item |  | Check/initial | Comments |
| Verify order | Patient record |  |  |
| Assess for procedure need |  |  |
|  |  |  |
|  |  |  |
| Identify, gather, and prepare equipment and supplies | Pre-transfusionType and crossmatch(request for blood form, venipuncture kit, specimen tube, blood identification wristband with barcode labels, transport container) |  |  |
| Transfusion(blood order sheet, blood unit, blood infusion tubing, IV pole, normal saline flush syringe, antiseptic wipes, normal saline IV bag, infusion pump) |  |  |
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|  |  |  |
| Apply principles of aseptic practice | Hand hygiene |  |  |
| Personal protective equipment |  |  |
| Disposal of waste |  |  |
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|  |  |  |
| Communicate effectively | Privacy |  |  |
| Patient identification |  |  |
| Patient teaching |  |  |
| Signed consent form |  |  |
|  |  |  |
| Provide for a safe environment | Body mechanics |  |  |
| Equipment placement |  |  |
| Patient safety |  |  |
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| Demonstrate procedural steps |
| Item | Task | Check/initial | Comments |
| Pre-transfusion | Verify order. |  |  |
| Complete request form. |  |  |
| Verify type and crossmatch completed. |  |  |
|  | Obtain signed patient consent form.  |  |  |
| Transfusion | Verification: |
| Use two patient identifiers. |  |  |
| Obtain pre-infusion vital signs. |  |  |
| Compare patient data on blood unit, order form, blood band. |  |  |
| Verify blood band with blood unit. |  |  |
| Verify blood unit with request form. |  |  |
| Have another nurse verify all data. |  |  |
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| Infusion: |
| Assure patency of IV line. |  |  |
| Hang normal saline flush bag. |  |  |
| Ensure all IV tubing roller clamps are closed. |  |  |
| Spike normal saline bag and prime tubing, filling blood-tubing filter completely. |  |  |
| Close normal saline roller clamp. |  |  |
| Spike blood bag. |  |  |
| Open blood roller clamp and prime tubing. |  |  |
| Connect IV tubing to patient’s IV access. |  |  |
| Set pump to deliver blood at 2 mL/min for 15 min. |  |  |
| Monitor patient for adverse reactions throughout the transfustion.  |  |  |
| Stay with patient for first 15 minutes of transfusion.  |  |  |
| Measure vital signs after 15 minutes and per facility policy.  |  |  |
| Increase infusion rate per order or facility’s policy. |  |  |
| Measure vital signs when infusion is complete. |  |  |
| Disconnect blood tubing. |  |  |
| Flush IV line. |  |  |
| Discard tubing and blood bag. |  |  |
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| Documentation |
| Item | Task | Check/initial | Comments |
| Document: | A confirmed transfusion order |  |  |
| A signed consent |  |  |
| Patient identification |  |  |
| Blood-product requisition form completed |  |  |
| Type and crossmatch sent |  |  |
| Blood-recipient verification system |  |  |
| Verification of the patient and blood product by two nurses |  |  |
| Pre-transfusion vital signs |  |  |
| Initiation of the transfusion |  |  |
| Monitoring during transfusion, including vital signs after the first 15 min or per policy |  |  |
| Any signs of adverse reactions |  |  |
| Interventions based on signs of reactions |  |  |
| Completion of the transfusion |  |  |
| Post-transfusion vital signs |  |  |
| Patient’s response to transfusion |  |  |
| Disposal of tubing and blood bag |  |  |
| On transfusion form: date and time the transfusion was completed, the total volume transfused, and whether or not a transfusion reaction developed |  |  |
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 \*More than 2 unacceptable actions results in failure of skill.

Comments