



Non Medical 'Prescribing' of Blood Components

Liz Pirie



Why?



- 🔴 Reports of fragmented care and treatment delays for patients who require blood transfusion support
- 🔴 Doctors not fully involved in treatment decisions
- 🔴 National guidance

‘the prescription of blood components is 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

Identifications must be checked to ensure transfusion compatibility

Blood transfused, including the volume of the blood was

is delivered to a patient in a timely manner and the correct blood is collected

maintained for at least 24 hours before its delivery

Hospitals should have a policy for the administration of blood and blood components which should cover the following items:

1 The staff responsible for different aspects of this 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

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Feasibility Investigation



- A collaborative project between SNBTS and NHSBT explored the feasibility of nurses and midwives 'prescribing' blood
- Supported by UK Better Blood Transfusion Network





Project



Method	Findings
Review the literature	No published literature
Review current practice	Nurses assessed the patient's clinical status and transfusion requirements, influenced the decision to transfuse but were unable to 'prescribe' the component
Survey the opinion of nurses and doctors	<p>60% respondees supportive <i>'If a doctor not familiar with the unit, the nursing staff advise on volume calculating and prescribing, in many respects it is done in an unofficial way anyway'</i></p> <p><i>'Use the time to treat the patient, rather than looking for a doctor to prescribe'</i></p> <p>40% respondees had reservations <i>'I have more than enough to do with my present responsibilities'</i></p> <p><i>'Yet another training to undertake, skills to gain and responsibility to take on without financial reward'</i></p>
Clarify classification of blood components	Section 130, 1968 Medicines Act amended by regulation 25 of the Blood Safety and Quality Regulations 2005 (SI 2005 no 50) Blood components now excluded from the act
Identify any legal barriers to role development	<p>No specific legislation, which requires a doctor to carry out the activity of writing the written instruction/ authorisation for blood components</p> <p>NMC does not place any or restrictions on the practice of registered nurses or midwives</p>



Role Development

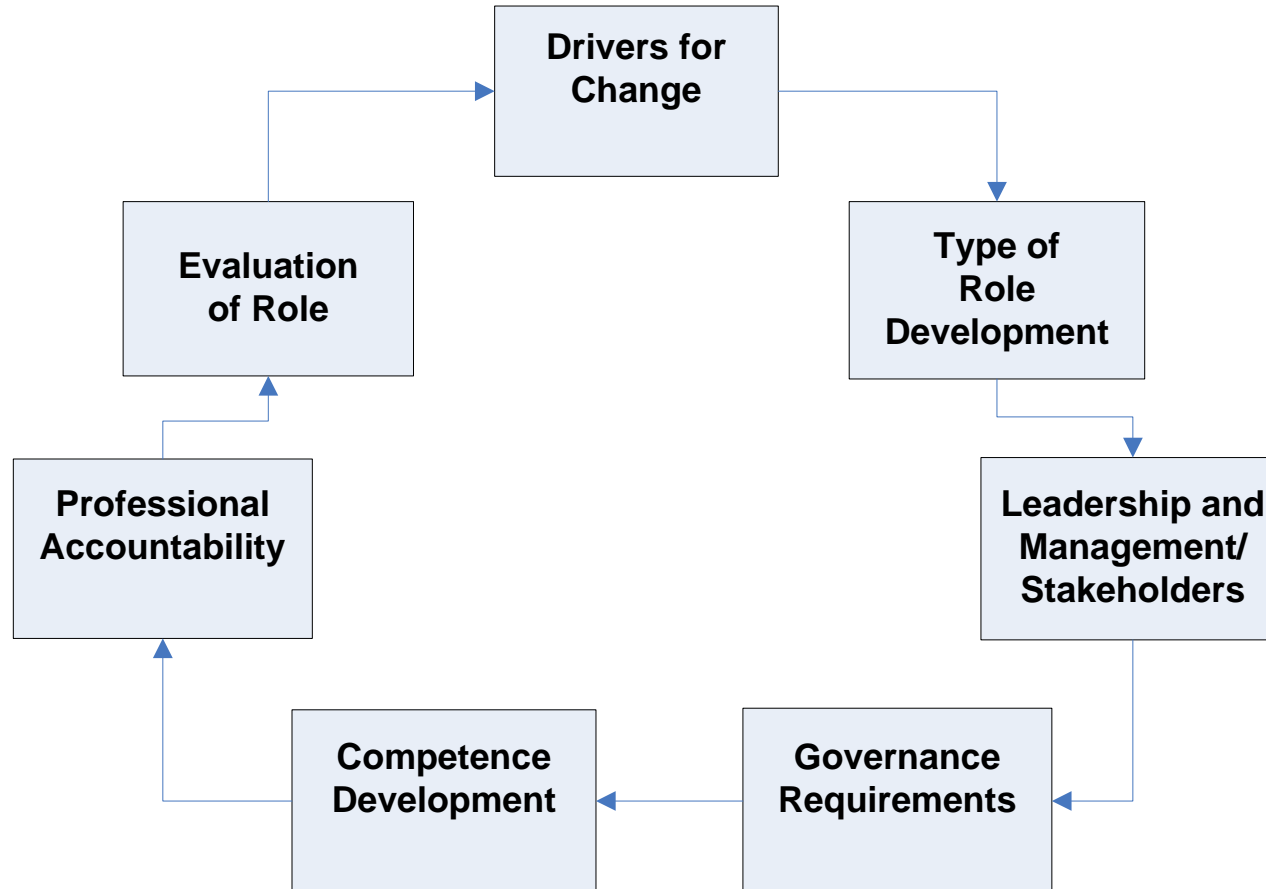


- 🔥 UK - Extended roles for nurses started developing in 1970s
- 🔥 Driven by the Department of Health
- 🔥 Specialist roles/ Nurse led clinics
- 🔥 Non medical prescribing





Role Development





Next Steps



- Wide consultation with regulatory and professional bodies
- Set up a multidisciplinary group to consult on the content of a Governance Framework to support role development
- Obtain support of key stakeholders, UK Blood Transfusion Services and the National Hospital Transfusion Committees

The article is titled "Should nurses prescribe blood components?" and is published in the journal *Nursing Standard*. The cover features the NHS Blood and Transplant logo and a photograph of two healthcare professionals reviewing a document. The article is authored by Pina E. Green J. (2007) and was accepted for publication on April 5, 2007. The journal is published by art & science, a division of RGN, ILTM, Specialist Blood Transfusion Service.

Abstract
 Aim To explore the feasibility of nurse prescribing blood components. Method Using a convenience research sample, a UK-wide questionnaire survey was undertaken to identify transfusion practice and concern the opinions of nurses and doctors. Results A total of 172 (59%) of 302 respondents were supportive of nurse 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 122 (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 Pitt is transfusion nurse specialist, EPR, the Unit of Blood Group, Scottish National Blood Transfusion Service, Edinburgh. Carolee is transfusion liaison nurse, West Blood and Transplant Operating Division, National Blood Service, London.

Keywords
 Blood and blood disorders; Nursing roles; Prescribing. This keyword 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 article archive and search using the keywords.

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

Currently, prescribing blood components is viewed as a medical responsibility but anecdotal evidence suggests that some nurses are assisting patients, making treatment decisions and then having those decisions 'rubber-stamped' by a doctor. Similar prescribing practices were identified 20 years ago in the Cambridge Report (Department of Health, DfH, 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 fund a collaborative project to explore the feasibility of nurses with relevant experience and to work in the appropriate clinical area gaining the right to prescribe the blood components. This article presents the findings of a survey designed to identify current practice of prescribing blood components and assess the opinions 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) was launched as a confidential reporting scheme for the serious incidents of blood transfusion, was funded by the UK. The annual reports have consistently demonstrated that the large number of reported incidents (12,137 cases, 71.1% of reported incidents in the 'Serious Blood Component Incident' category (SHOT 2006)), have highlighted three areas of patient concern: inappropriate or unnecessary transfusion as a result of sample errors, contamination of tubes and preparation errors. There have been 106 (0.8%) such reports and two patients have died from unnecessary transfusions (SHOT 2006).

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Should nurses prescribe blood components? RGN, ILTM Specialist Blood Transfusion Service

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Governance Framework



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

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

Liz Pirie RN
Transfusion Education Specialist
Scottish National Blood Transfusion Service



Revised BCSH Guideline



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 Harris¹ (BCSH Lead), CLJ Atterbury², B Chaffe³, C Elliott⁴, T Hawkins⁵, SJ Hennem⁶, C Howell⁷, J Jones⁸, S Murray⁹, HV New¹⁰, D Norfolk¹¹, L Pirie¹², J Russell¹³, C Taylor¹⁴

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

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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 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



Implementation



England



- Specialist nurses only
- Regional variation to implementation e.g.
 - Led by individual trusts
 - One Regional HTC is supporting a one day training event with further education/mentoring in practice
 - Putting clinical governance in place
 - Working to develop local policies
 - Working to develop work based learning module validated by local university





Wales



- Welsh Assembly Government driven
- 3 Health Boards to pilot
- Steering Group and representative Working Group
- Specific modules (APEL)
- University accreditation
- Assessment and recording





Northern Ireland



- 🔴 Framework document basis of initiative
- 🔴 Stakeholder survey completed
- 🔴 Support of CMO's NI Blood Safety Advisory Committee, CNO and NI Transfusion Committee
- 🔴 Focussing on Haematology Nurse Practitioners
- 🔴 Bespoke one day workshop with period of supervised practice





Scotland



- 🔥 Support from SCNO and Nurse Directors
- 🔥 Working group established
 - 🔥 Support/ advise NHSS Boards
- 🔥 Mapping of existing education resources against competencies
- 🔥 Promote tools from the ANP toolkit





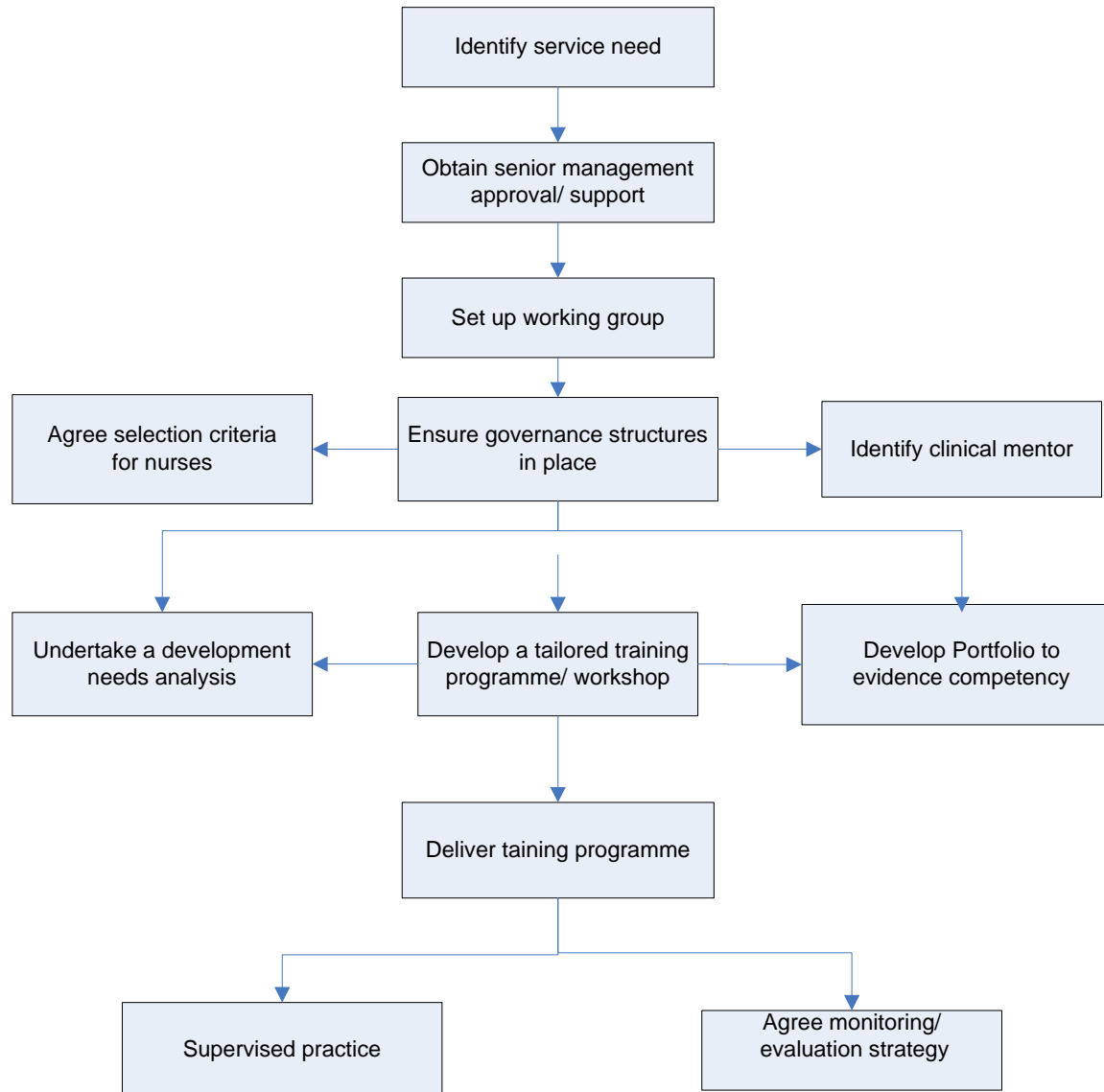
Specialities



- 🔴 Advanced Neonatal Nurse Practitioners
- 🔴 Haematology Nurses
- 🔴 Intensive Care Practitioners
- 🔴 Advanced Renal Practitioners
- 🔴 Carido thoracic Practitioners



National Approach





Competence Development



🔥 **Workshop:** Combination of lecture and discussion

- 🔥 Haematology Revision
- 🔥 Blood Components Overview
- 🔥 Special Transfusion Requirements
- 🔥 Transfusion Triggers and Avoidance Strategies
- 🔥 Complications of Transfusion
- 🔥 Practical Aspects of Authorising Blood Components



🔥 **Discussion:** Consent, decision making process, inappropriate 'prescribing'



Competence Development



- 🔥 Agreed period of supervised practice with clinical mentor
- 🔥 Workplace case based assessments
- 🔥 Handbook for recording learning
- 🔥 Sign off by mentor
- 🔥 Follow up in 6 months



Early Evaluation



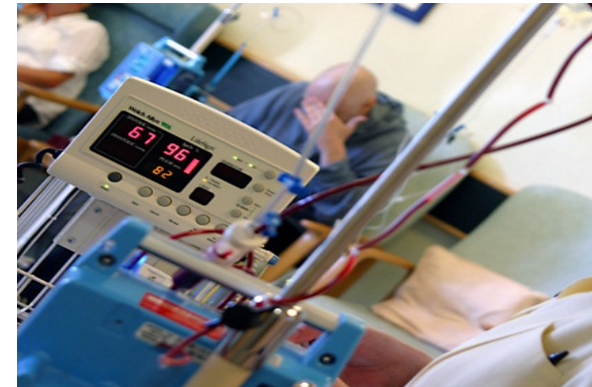
- 🔴 Service need
- 🔴 Good clinician and senior management support
- 🔴 Adequately prepared for role
- 🔴 Supervised practice of value
- 🔴 Increased role credibility
- 🔴 Aware of limitations
- 🔴 Improved team working
- 🔴 Improved service delivery
 - 🔴 More person centred, safer care
 - 🔴 100% reported that their treatment time had improved
 - 🔴 100% were confident that the nurse knew their medical history





Lesson's Learnt

- 🔴 Plan and have a structured approach
- 🔴 Identify if there is any evidence to support role development
- 🔴 Consult and collaborate
- 🔴 Gain champions
- 🔴 **Change** takes time, so keep the benefits to the patient at the forefront
- 🔴 Investigate sustainability





Framework

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