Non Medical ‘Prescribing’
of Blood Components

Liz Pirie
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’
A collaborative project between SNBTS and NHSBT explored the feasibility of nurses and midwives ‘prescribing’ blood

Supported by UK Better Blood Transfusion Network
<table>
<thead>
<tr>
<th>Method</th>
<th>Findings</th>
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<tbody>
<tr>
<td>Review the literature</td>
<td>No published literature</td>
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<tr>
<td>Review current practice</td>
<td>Nurses assessed the patient’s clinical status and transfusion requirements, influenced the decision to transfuse but were unable to ‘prescribe’ the component</td>
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</table>
| Survey the opinion of nurses and doctors  | **60% respondees supportive**  
  ‘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’  
  ‘Use the time to treat the patient, rather than looking for a doctor to prescribe’  
  **40% respondees had reservations**  
  ‘I have more than enough to do with my present responsibilities’  
  ‘Yet another training to undertake, skills to gain and responsibility to take on without financial reward’ |
  Blood components now excluded from the act |
| Identify any legal barriers to role development | No specific legislation, which requires a doctor to carry out the activity of writing the written instruction/ authorisation for blood components  
  **NMC does not place any or restrictions on the practice of registered nurses or midwives** |
Role Development

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

Drivers for Change

- Evaluation of Role
  - Professional Accountability
  - Competence Development

- Type of Role Development
  - Governance Requirements
  - Leadership and Management/Stakeholders
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
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

www.transfusionguidelines.org.uk
Revised BCSH Guideline

Guideline on the Administration of Blood Components

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Disclaimer
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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 35 of the BSGR (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 to replace "prescription" by "order".
- Thus, 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 an administration of blood. A national consultation has been undertaken to develop a framework which will allow practitioners who undertake this role to practice safely (Perry and Green 2009) for progress on this work and will be referred to BCSH Transfusion Task Force.
- Since it has become customary 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 demographic information
  - 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

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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 polices
  - Working to develop work based learning module validated by local university

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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

- Identify service need
- Obtain senior management approval/support
- Set up working group
- Ensure governance structures in place
- Agree selection criteria for nurses
- Identify clinical mentor
- Undertake a development needs analysis
- Develop a tailored training programme/workshop
- Develop Portfolio to evidence competency
- Deliver training programme
- Supervised practice
- Agree monitoring/evaluation strategy
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’
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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Questions?