Do nurses need to know ABO compatibility for blood components?

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2017 Key Recommendation

Training in ABO and D blood group principles is essential for all laboratory and clinical staff with any responsibility for the transfusion process. This should form part of the competency assessments.

Medicines and Healthcare Regulatory Agency (2018)
Another E-Learning module?

- Complex topic not able to be taught in this way
- What is the bare minimum knowledge and when do you need it?
- Evidence that mandatory training such as resuscitation, safe guarding, DOLS, fire safety and manual handling is already being compromised. (55% compliance in C&V – Wales Audit Office (2018))
  - Lack of backfill to release staff
  - Increasing budget pressure
  - Lack of balance between training and work load
- Nurses using own time to complete
  - Compromised work-life balance
  - Increased burn-out and disillusioned staff
Who is currently responsible?

• The transfusion laboratory are responsible for determining the patient’s group and antibody status
  • Highly automated process – multiple safeguards
• The lab are responsible for matching a suitable component to the determined group
  • LIMS designed to prevent human errors in unit mismatching at this stage (if used correctly)
• The unit issued may not be 1st choice due to availability and units close to expiry
  • The bedside nurse can not possibly know this information without access to current stock information and expiry dates
So this is made a “rule”…

- There will be many nurses who haven’t been adequately trained
  - Will be unconfident as topic too difficult to cover in a reasonable time
  - Nurses will be unable to administer blood and blood products if they haven’t been trained – compromised patient care in emergency

- Go one step further and have transfusion givers as a specific role or have only specific areas where transfusions can be administered?
The blood component “prescription” does not state which ABO and RhD component has been requested...

- Couldn’t the authoriser be responsible for listing compatible components on the “prescription”?

- Adherence to the BHS 2012 compatibility recommendations of both recipient group, donor group and printed text if there is a mismatch would have retain responsibility in the lab but allowed a second safeguard at the bedside. (Milkins et al. 2012)

- Multiple safeguards do not necessarily increase safety (Alsulami et al. 2012)

- WBIT (human error) causes, according to SHOT, by far more errors than mismatched components...
Reference


