

Issue of Blood Products

Evaluation of Technical Performance

| | | (CI | neck ma | ark) | | | n i |
|---|-----|-----|----------|------|-----------|----------|-------------|
| | | Т | RAININ | G | Trainer's | TRAINER | TRAINEE |
| Tasks | MLC | D | 0 | Р | Comments | Initials | Initials |
| Selects crossmatched unit with soonest expiration date. | Р | | | | | | |
| Allows Nurse to fill out Blood Transfusion Record Form from | Р | | | | | 1 | |
| Patient Sticker and Unit Label. | Г | | | | | \ | |
| Top Line: Date and Unit # of (total) units orders. | Р | | | | | _ | |
| Patient's Full Name and MRN. | Р | | | | | _ | |
| Component: Unit Number and Exp. Date. | Р | | | | | \ | |
| Check Component. Write # of Units. | Р | | | | | | |
| Check Special Orders | Р | | | | | | 7 |
| Blood Type: Patient and Donor Types. | Р | | | | | | |
| Issue: Date and Time | Р | | | | | | |
| Exp (Room Temp): 4 hours. | Р | | | | | | |
| Allows Nurse to read off BB information from Transfusion | | • | | | | | |
| Service Testing Record | | | | | | | |
| Patient's Full Name and MRN. | | | | | | | |
| Patient Type and Wrist Band Number. | 17 | | | | | | |
| Unit Number, Unit Expiration Date, U | | | | | | | |
| Compatibility. | | | | | | | |
| RN initials "Issued to" boy | 7 | | \angle | | | | |
| Tech reconciles Blood | | / | [| | | | |
| Nurse. | | | | | | | |
| Confirms | Р | | | | | | |
| Write First Nurse" Field | Р | | | | | | |
| | | | | | | | |
| Tech fills out "Don Transfusion Service | Р | | | | | | |
| Component, Issued Visual Inspection (Ok) and | | | | | | | |
| Date/Time | Р | | | | | | |
| Tech gives nurse Blood in Biohazard bag and Blood | | | | | | | |
| Transfusion Record Form. | Р | | | | | | |
| Tech orders "Tranf (Blood/Blood Component)" in LIS for | Р | | | | | | |
| unreturned units. | Г | | | | | | |
| Selects "Transfused" in Result Field. | Р | | | | | | |
| Enters Comment "Tranf Blood" with Unit Number, | Р | | | | | | |
| Expiration Date, Issue Date/Time and Nurse Name, Title. | · | | | | | | |
| Blood Returned After 30 mins: PRBCs in Quarantine. (Alert | Р | | | | | | |
| Supervisor.) | | | | | | | \parallel |
| Returns PLT (agitated) and CRYO into RT incubator. | P | | | | | | |
| Returns FFP in Fridge. | Р | | | | | | |
| Trainee: | | | | | | Date: | |

Minimum Level of Competency (MLC)

D = Discussed

Trainer:

O = Observed

P = Performed

Date:



Ortho MTS Gel

Evaluation of Technical Performance

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| | | т | TRAINING | | Trainer's | TRAINER | TRAINEE |
| Tasks | MLC | D | 0 | Р | Comments | Initials | Initials |
| Read ID-MTS Interpretation and Troubleshooting Guide | D | | | | | | |
| Dispense 50 ul of cells and 25 ul of plasma into each well | Р | | | | | | |
| Check reagents for expiration date/time and initials. | D | | | | | | |
| Label gel cards with patient label or two identifiers | Р | | | | | | |
| Proper operation of MTS incubator | D | | | | | 7 | |
| Always close cover to maintain 37*C | Р | | | | | 7 | |
| Nestle card into slots | Р | | | | | | |
| Incubate 15 mins. minimum and 40 mins. Maximum | Р | | | | | | |
| Proper operation of MTS centrifuge | Р | | | | | | |
| Use of Safety latch | | | | | | | |
| Card seated properly, foil tab facing out, balance | | | | | | | |
| Centrifuged no longer than 10 min. at 895 | | | | | | | |
| Describes a good quality gel card | | | I | | | | |
| temp. | IJ | | 7 | | | | |
| Leveled and not slanted | III | | | | | | |
| Fill volume (plasm | | | | | | | |
| Read both sido | | | | | | | |
| Note eve | | | | | | | |
| file | D | | | | | | |
| Demo | D | | | | | | |
| Record Lealthland | Р | | | | | | |
| Describe ù | D | | | | | | |
| Aspirate a re-determined volumes correctly | Р | | | | | | |
| Operate smoonly, avoid "snap-back" of pump | Р | | | | | | |
| Procedure for cleaning and maintenance of dispenser | Р | | | | | | |
| Makes appropriate dilutions for 0.8% RBC suspension | Р | | | | | | |

| Trainee: | Date: |
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| Trainer: | Date [.] |

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Phlebotomy Evaluation of Technical Performance

| | | (Cł | neck ma | rk) | T | | |
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| | | TRAINING | | G | Trainer's | TRAINER | TRAINEE |
| Tasks | MLC | D | 0 | Р | Comments | Initials | Initials |
| Read signs on patient's door before phlebotomy. | Р | | | | | | |
| A.I.D.E.T. = Acknowledge, Introduce, Duration, | | | | | | | |
| Explanation and Thank You | Р | | | | | \ | |
| Use two identifiers. Outpatient: Patient states their | | | | | | | |
| name and date of birth. Inpatient: Use armband. | Р | | | | | \ | |
| If wristband is incorrect or not present, notify nurse. | Р | | | | | _ | |
| Read and be familiar with the Patient Bill of Rights | D | | | | | \ | |
| Respect patient's privacy and inspect for comfort. | Р | | | | | | |
| Apply safety precautions for combative and | | | | | | | |
| uncooperative patients. | D | | | | | | |
| Adjust bed and bed rails when needed and return to | | | | | | | |
| place. | Р | | | | | | |
| Read and understand the contents of the Specimen | | | | | | | |
| Collection Manual Tube types, order of draw, special handling | | 1 | | | | | |
| requirements | • | | | | | | |
| Disinfect, or wash hands, between pati | | | V | | / | | |
| removing gloves | | | | | | | |
| Wear name badge, and pror | 17 | | | | | | |
| blood collection proced | | | | | | | |
| Demonstrates pro | U | | | | | | |
| fingerstick. | | | | | | | |
| Read to | P | | | | | | |
| Un | D | | | | | | |
| Blo uvely, | | | | | | | |
| IV m | | | | | | | |
| coordii | D | | | | | | |
| Min. was | D | | | | | | |
| Blood should from the arm on the side of | | | | | | | |
| mastectomy of s. | D | | | | | | |
| Keep collection rooms clean and tidy. | Р | | | | | | |
| Retock trays and check expiration dates. | Р | | | | | | |
| Know how to clean up a blood/body fluid spill | D | | | | | | |

| Trainee: | Date: |
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| Trainer: | Date: |

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Venipuncture

Evaluation of Technical Performance

(Check mark) **TRAINING** Trainer's TRAINER **TRAINEE Tasks** D 0 Ρ MLC Comments Initials Initials Inpatient: Notify RN if draw cannot be collected in 1hr window. Ρ Confirm required patient pre-collection instructions (fasting, timed, other) Ρ Select proper tubes and equipment for tests that have been ordered Ρ Order of draw based on device used: Blue Adapters, Red Adapters, IV extensions, Butterfly needle Ρ Know order of Draw: Blood Cultures (AER, ANA) > Citrate (Blue) > SST (Gold, Speckled Red) > Heparin (Green) > EDTA (Purple) > Fluoride (Gray) Position patient's arm, put on gloves, apply tourniquet, and select the best vein Cleanse site with alcohol and allow to air dry Anchor vein, check bevel of needle and with one smooth motion at about a 15 Fill to the line and mix by inver-Release tourniquet (<1 p Remove tube from Withdraw nee angle of Maint ap Ελ band Р patient: must Label all nd time/date of include na collection Ρ Dispose of col ated equipment. Do not reuse! Р Use Appropriate Closing: "Thank you for choosing FSH. Is there anything else I can help you with?" Р

| Trainee: | Date: |
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| Trainer: | Date [.] |

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Chembio HIV 1/2 Stat-Pak

Evaluation of Technical Performance

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| | | Т | RAININ | G | Trainer's | TRAINER | TRAINEE |
| Tasks | MLC | D | 0 | Р | Comments | Initials | Initials |
| Understand principle of combination of antibody binding protein and conjugated dye particles | D | | | | | | |
| Write date of receipt and initials on box | D | | | | | | |
| Indicate number of boxes received (i.e. 1 of ?) | D | | | | | | |
| Store package and buffer in 8-30*C | Р | | | | | | |
| Perform external quality control for new lot, new shipment and every 30 days. | D | | | | | | |
| Document QC in manual testing binder | Р | | | | | 7 | |
| State acceptable specimen | D | | | | | | |
| Venous WB in EDTA. | D | | | | | | |
| WB stored 2-8*C for up to 3 days | D | | | | | | |
| Perform testing at the appropriate parameters | | | | | | | |
| Allow cartridge to equilibrate to room temperatur | | | | | | | |
| Place device on level surface. Labeled! | | | | | | | |
| well | | | V | | | | |
| Add 105 ul or 3 drops of Runpi | | | | • | / | | |
| Avoid bubbles in loop ap | 17 | | | | | | |
| Read results at appro | | | | | | | |
| 15 minutes for | | | | | | | |
| Clear b | | | | | | | |
| Inte | P | | | | | | |
| In . | Р | | | | | | |
| Pos Present | Р | | | | | | |
| Negati. | Р | | | | | | |
| Faint line as and Positive. | Р | | | | | | |
| | | | ı | | | ı | |
| | | | | | | | |
| Trainee | e: | | | | | Date: | |
| | | | | | | | |
| Traine | r: | | | | | Date: | |

(Check mark)

SOP No. Version No. Effective Date: Author: Minimum Level of Competency (MLC)

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Sure-Vue hCG

Evaluation of Technical Performance

TRAINING Trainer's **TRAINER TRAINEE** Tasks MLC D 0 Ρ Initials **Comments** Initials Understand principle of chromatographic immunoassay D Write date of receipt and initials on box D Indicate number of boxes received (i.e. 1 of ?) D Store package in 2-30*C Ρ Perform external quality control for new lot, new shipment and every 30 days. D Document QC in manual testing binder Ρ State acceptable specimen Р First morning urine is preferred D Blood tube without anti-coagulants (serum only!) D Serum or urine stored 2-8*C for up to 48 hrs Perform testing at the appropriate parameters Allow cartridge to equilibrate to room temporal Place device on level surface. Label Dispense 100ul or 3 drops usign Avoid trapping bubbles in Read results at appro 15 mins for w Clear b Inte Ρ In Pos e Present Ρ Negati Ρ Faint line and Positive. Р Date: Trainee: Trainer: ____ Date:

(Check mark)

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