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**Implementation:** To be determined by each Service

## **Change Notification UK National Blood Services No. 25 - 2014**

### **Points of Care**

**Applies to the Guidelines for the Blood Transfusion Services in the United Kingdom 8<sup>th</sup> Edition 2013**

#### **Chapter 5: Collection of a blood donation or component donation**

##### **Appendix 1 Points of Care**

This appendix, which contains an example of the preventative measures that can be implemented to reduce the risk of adverse events to donors, "Points of Care", has been updated in line with the current version as used by one of the UK Blood Transfusion Services.



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## Appendix 1 Points of Care

### A1.1 Welcomer

- A principle role of the Welcomer is to reduce potential anxiety in the donor, observe for donors in a 'hyper vigilant' state and refer where appropriate.
- Professionalism, including appearance, is crucial in order to assure the donor of a safe and positive experience.
- The Welcomer should greet the donor with a warm welcome, thank them for attending the session and giving up their time to donate blood.
- The Welcomer needs to promote drinks to the donors. Offer the donor 500mls of fluid to stretch the stomach (gastric dilation) and raise blood pressure reducing the risk of vaso vagal (VV) episodes. This offer or promotion of drinks must be emphasised quite strongly in order for the donor to understand the importance of taking the fluid. Ideally the fluid should be consumed over 5 minutes rather than sipped, and should be taken no longer than 20 minutes prior to donation for best effect. The nurse or supervisor may wish to change the position of the water area on session in line with donor waiting times. An information leaflet for donors is available.
- If possible, donors who are queuing to give their details must be offered fluids along with an explanation of why there is a delay. Back pod support/ nurses should help the Welcomer give drinks if the start of the session is busy.
- Donors who are waiting to be screened must not be seated facing the front of the donation chairs. The eyes of all waiting donors ideally need to be focused away from clinical activity.
- The Welcomer should ensure all donors are given the Welcome folder to read prior to screening.

### A1.2 Screening

- The Screener should enquire as to whether the donor has had any previous problems when donating blood and try to relieve any anxiety.
- They should ask the donor about their preparation for giving blood e.g. have they had their usual meals today? If they have undertaken any strenuous activity or exercise, not usual for them, prior to attending are they fully recovered and rehydrated?

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- If a previous adverse event is identified or the donor has an increased risk of an adverse event, a nurse should be asked to speak to the donor. The nurse will also instruct the donor on how to do applied muscle tension (AMT) exercises to raise the blood pressure if appropriate.
- The Screener should ask the donor if they have consumed the recommended volumes of fluid prior to the screening. If they have not, they should explain to the donor why drinking fluids is important and offer again. If the donor agrees to drink, give the fluids whilst talking.
- The Screener should ensure new donors and those with a previous history or higher risk of VV episode/s are asked for their permission to discretely identify them throughout their visit so they can receive extra attention. Ensure the vulnerable donor identification card is then included in the pack box.
- Once screening is complete, the Screener should show the donor to the waiting area, which must not have chairs facing the clinical area. Reading material should be available to provide a distraction for waiting donors. It is important to reduce tension and anxiety that will be experienced by many first time donors and those who may have had a problem donating or an adverse event in the past. Additional fluids could be offered too but not as an alternative to moving the main water station at busy times.

### A1.3 Donation

- To preserve donor dignity and keep the viewing of clinical activity to a minimum donation chairs should not be facing each other.
- Staff should prioritise donors and provide appropriate therapeutic attention. Talking to donors will allow you to recognise their coping strategies and how best to put them at their ease.
- If required, in order to raise the donor's blood pressure once they are on the chair, ask the donor to commence AMT exercises. This keeps their mind occupied as they are counting and their focus is away from the venepuncture (VP).
- The donation chair should be placed steadily into the R position to donate.
- If a vaso vagal episode occurs, call for help, reassure the donor and encourage them to commence AMT to prevent the vasovagal episode from worsening. The chair can be taken steadily into U position.
- A nurse should decide if it is clinically necessary to screen off the donor to ensure privacy for the person involved and to avoid raising anxiety levels in those who are waiting. Screens should be placed around the donor, but initially if necessary, place your body between the donor and the waiting donors to block their view until screens arrive. Donors should never be left unattended behind a screen.

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- Non donating family/friends are welcome, but must sit at the other side of the chair from the agitator.
- Once the donation is complete, remove the needle and cover the VP site with gauze, asking the donor to apply firm pressure with 3 fingers to the dressing.
- Start the graduated recovery stage bringing the donor back up to O position in stages over a timed 2 minute period.
- Those who are identified as vulnerable may require more, smaller recovery stages.
- Encourage all donors to do AMT exercises during this stage to assist in the prevention of hypotension.
- A staff member should stay with the donor until they leave the chair. Use the time to complete any observations, give advice to the donor, assess pallor and ensure the donor is applying the correct pressure to their arm and the arm remains straight.
- If the VP site is observed then do so by lifting the gauze without removing it, to protect the donor from any blood splash. This also shields the donor from seeing the VP site, if there is no new bleeding, apply the dressing.
- Support the donation arm as the donor leaves the chair.
- Give vulnerable donors their identification card and ask them to place it in front of them as a place mat on the refreshment table.

#### **A1.4 Appointments & Teas**

- Set the refreshment table up with chairs to three sides to enable clear observation of all recovering donors.
- Staff should ensure the computer does not obscure direct vision of the donors.
- Ensure there is adequate space around the tea table and chairs to reduce the risk of injury should any falls occur.
- Move any cages out of the refreshment area and ensure the safe placement of hot water boilers /cables.
- Emphasise to donors who refuse a drink, the importance of having a post donation drink to replace fluid depletion.
- Encourage those identified as vulnerable to have plenty of cold drinks and snacks.

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- Encourage those identified as vulnerable to stay in the refreshment area for a minimum of 15 minutes post donation and to continue with AMT exercises if necessary.
- It may be necessary for donors who want to use the toilet immediately after donating to be escorted by a member of staff.
- Deal with rebleeds promptly. Try to ensure nearby donors see as little as possible.
- If a donor becomes unwell, stay with them and call for assistance.
- Use the mat and wedge in order to get the donors legs elevated as soon as possible.
- Encourage AMT exercises to prevent the vasovagal episode worsening.
- When the donor is ready to transfer to the donation recovery chair assist them onto the chair and place in the U position. Slowly bring them through from U position to O giving the blood pressure time to adjust to each position.
- Give post donation advice when the donor is ready, ensuring this advice is given in a confidential manner with regards to the dignity and well being of both the individual and other donors.