

# **BLOOD COMPONENT ADMINISTRATION BY LPNs**

*Approved by the New York State Department of Health  
and the New York State Education Department*

## **SCOPE OF PRACTICE**

A registered professional nurse (RN) may delegate, to an appropriately competent licensed practical nurse (LPN) who has received specific training, various tasks in the transfusion process, including performing patient and unit identification and initiating transfusion of blood components, provided that the patient has received a transfusion of the same component during the current hospitalization. Such delegation may include all blood components transfused at the facility or be limited to certain components. Each institution must determine and specify, in writing, whether LPNs may participate in blood administration and, if so, which tasks they may perform and for which components. The institution is responsible for verifying and documenting that RNs have been educated in the expectations for any delegation of blood administration tasks to LPNs. Delegation of these tasks is based on the RN's professional judgment, the competence of the LPN, policies and procedures of the institution, and standards of nursing practice. Regardless of the degree of delegation, however, the RN retains the ultimate responsibility for the administration and clinical management of blood components, including assessment of the patient for signs and symptoms of a transfusion reaction or other adverse event. Because Education Law does not permit LPNs to make patient assessments (interpret or evaluate clinical data), the practice of blood component administration by LPNs requires RN supervision. Such supervision has been interpreted to mean that the RN responsible for the LPN must be present on the patient care unit at all times when blood components are being administered by the LPN. As defined in institutional policies and procedures, the LPN must document and report immediately to the RN, physician, or other person authorized by law to manage transfusion reactions, clinical data that might indicate the possibility of a complication or a transfusion reaction. An LPN may obtain and serially record patient vital signs, but must report any measurements that fall outside the pre-established parameters for the particular patient.

## **TRAINING**

An LPN may participate in any phase of blood component administration after satisfactory completion of a training program that includes didactic instruction, supervised clinical experiences that incorporate each phase of the transfusion process for each of the types of components for which the LPN will be authorized to administer, and clinical competency validation. The State Education Department (SED) and Department of Health (DOH) have developed a basic course outline that lists essential elements for training LPNs in the administration of blood components. While didactic instruction in all elements listed in the course outline must be included in the training program, other information may augment the outline. The institution is responsible for developing and documenting the curriculum to be used and for documenting each candidate's completion. The curriculum need not be submitted to either SED or DOH for review, but it must be available for inspection.

Following completion of didactic instruction and supervised clinical experiences, each LPN must undergo clinical competency validation. This process includes direct observation of successful blood component administration tasks for each of the types of components for which the LPN will be authorized to administer, using the particular equipment employed at the institution. Until such competency is established and documented, LPNs may administer blood components only under direct, line-of-sight supervision of an RN.

An ongoing competency maintenance program, at a minimum, should include annual clinical competency validation of blood product administration, as defined by institutional policies and procedures.

## **MODIFICATIONS**

When an institution modifies the LPN role and responsibilities for administering blood components, RNs must complete an appropriate educational program to ensure that blood administration tasks are delegated to LPNs according to the current standards of practice and institutional policies and procedures.

When blood administration procedures are modified, LPNs performing blood administration tasks must undergo appropriate, documented training in the modified procedures, in accordance with revised standard operating procedures and a revised curriculum.