

Reflective journal

Health & Medicine, Nursing



Reflective Journal I: Blood Transfusion Experience (al Affiliation) Reflective Journal I: Blood Transfusion Experience During my senior clinical practicum, I experienced a nurse conduct blood transfusion on a teenager to treat anemia at Provident Hospital in Chicago. One Monday morning, the medical staff agreed to subject the patient to a blood transfusion. It is understandable that the nurse had a duty to explain the benefits and risks of a blood transfusion to the patient. Ideally, the process involved different medical staff but nurses dominated various stages of the blood transfusion and manifested immense knowledge and competence (Hurrell, 2014). The clinical experience was positive in that it confirmed the need for knowledge and skills in conducting a blood transfusion (Hijji, Oweis, & Dabbour, 2012). Nurses must understand different stages and medical personnel in blood transfusion and adhere to the key principles of the process (Hurrell, 2014). Understandably, the nurse identified the patient by checking their surname, patient identification number, and age thus ensuring the right patient receives the blood transfusion (Hurrell, 2014). The nurse prepared the patient by informing them of the risks and benefits of the process and discussed why the transfusion was a prerequisite for the patient's treatment. After that, the nurse assisted the patient in preparing a written and signed consent for the transfusion. The patient was of majority age/adult and hence eligible to authorize the blood transfusion. It is understandable that nurses document the patient's consent in the medical notes (Hurrell, 2014). Consequently, the nurse observed and recorded the patient's pulse, blood pressure, and temperature before starting the transfusion (Hurrell, 2014). Ultimately, I witnessed the nurse conduct a final identification check with

respect to the patient and the blood component, which ensured that the patient received the correct blood component (Hurrell, 2014). Notably, the availability of enough nursing staff fostered the immediate administration of the blood component to limit the risks posed by bacterial proliferation (Hijji, Oweis, & Dabbour, 2012). The nurse infused blood component slowly in the initial 15 minutes, which helped in monitoring the transfusion reactions that may occur during this process. Indeed, I noted how the nurse observed and monitored the patient under blood transfusion, which ensured the recognition of potential transfusion reactions (Hijji, Oweis, & Dabbour, 2012). However, the clinical experience was negative since it did not manifest other alternative treatments for liver failure. The patient's refusal of the blood transfusion shows how patients may defy this process as a prerequisite to other treatments.

In an effort to make the process better, I would have recommended for more tests on the blood component to minimize potential transfusion errors. Moreover, an explanation of the liver status would have helped the patient to make an informed and positive decision in the first instance. Detailed consultations with professional colleagues regarding blood transfusion would have enabled me to make the situation better by availing potential treatment alternatives to the patient. Additionally, counseling services would have made the situation better by offering moral support for the patient to accept their condition.

The clinical experience will make me a better nurse in the future since I derived subtle knowledge on the key principles, merits, risks, and standards that define blood transfusion. The clinical experience will also present me

with the stages and medical staff involved in blood transfusion. Specifically, the clinical experience asserts the importance of nursing roles in blood transfusion.

References

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Hurrell, K. (2014). Safe administration of blood components. *Nursing Practice Review*, 110 (38), 16-19.