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Research Article

PRACTICES OF NURSES REGARDING BLOOD TRANSFUSION AMONG THE PUBLIC HOSPITALS

Hina Khushi, Razia Ibrahim, Zunaira Amir and Fordous Hameed

Superior College of Nursing KalmaChowk Lahore

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ABSTRACT

In Middle East study regarding this has not been carried out. But little was known about this blood transfusions and its practices. It is a fundamental aspect regarding blood transfusion in nursing profession and it is necessary for safe practice.: My objective population will be the attendants of Fatima Memorial Hospital, charge medical caretakers of various divisions, the members will be have a place with various financial level and diverse demo-graphical foundation, the members will be male and female. Attendants were 154.

Key Words:

Practice, Blood Transfusion and Knowledge

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INTRODUCTION

Blood help assumes a key restorative role, constantly utilized with treat A large number wellbeing issues. Unlimited undertakings have been exasperated to be sure that those gauge of the blood transfusion approach and the security of collectors. The blood, its parts What's more its auxiliaries require help used Correspondingly as those expand on treat a critical number diseases What's more transplants, chemotherapy Likewise medical procedure, turning them under basic Additionally key things. Notwithstanding presenting risks by coordinating, including living outcomes for human advancement, blood transfusion will be a central a piece from guaranteeing social insurance and its recuperation. Medical attendants assume a vital part in the protected blood transfusion.

A huge part completely serious confusions, which require high passing rates, are Transfusion-related circulative over-burden, and Transfusion-related extraordinary lung harm exceptional hemolytic reaction in view of ABO conversely. The basically basic purpose behind honest to goodness associated with blood transfusions is extreme hemolytic transfusion reaction. Those an extensive bit essential issue about this sort of reaction will be transfusion of the awful unit for blood under a tolerant. In spite of the fact that phlebotomy and blood donation center lab mistakes cause some ABO transfusion responses, the greatest

number of the disappointment of the clinician playing out the transfusion to distinguish appropriately either the patient. These basic blunders can prompt perilous of the life (Belal Hijji, 2017).

OBJECTIVES

To assess the level of knowledge regarding blood transfusion among nurses to ensure patient safety

METHODS

A descriptive cross sectional research design used for this study was to know the blood transfusion regarding nursing practices. Our study is descriptive study in which design have been used to hint at and involved nurses' information what more act about blood transfusion is.

Chapter no 1

Introduction

Blood help assumes a key restorative role, constantly utilized with treat A large number wellbeing issues. Unlimited undertakings have been exasperated to be sure that those gauge of the blood transfusion approach and the security of collectors. The blood, its parts what's more its auxiliaries require help used correspondingly as those expand on treat a critical number diseases what's more transplants, chemotherapy likewise

*Corresponding author: **Hina Khushi**
Superior College of Nursing KalmaChowk Lahore

medical procedure, turning them under basic additionally key things. Notwithstanding presenting risks by coordinating, including living outcomes for human advancement, blood transfusion will be a central a piece from guaranteeing social insurance and its recuperation. Medical attendants assume a vital part in the protected he dangers to the patient and abstain from squandering blood with it. This is presented through instructing patients; appropriate ID and know-how blood components; following rules for start, support of transfusions; and checking the patient in all the treatment. Absence of medical caretakers' polished methodology and demeanor may bring about extreme complexities. Most by far on a very basic level explanation behind loss rate related to blood transfusions is exceptional hemolytic transfusion reaction. Those anytime as a relatable point purpose behind this kind about reaction will be blood transfusion of the awful unit about blood under a tolerant. Of course gifts phlebotomy besides blood gift focus look into focus unprofessionalism reason a bit ABO transfusion responses, those greatest numbers about aftereffect of the failure of the clinical execution of the transfusion with recognize or those apart that tolerant gets. These little mistakes could provoke savage disaster results. Blood transfusion is a significantly practical what's all the more perhaps life-sparing prescription to enormous numbers patients (Bradbury and Cruickshank, 2000) moreover a key part from front line human administrations. Red cells transfusions are those spine of blood transfusion treatment concerning representation these peak to the over whelming piece of sections issued should patients (Taylor et al, 2010). Nonattendance of learning for various perspectives about blood transfusion toward clinical staff, including medical caretakers, continuous being a genuine hazard should tolerant security (Taylor et al, 2010). For instance, blunders beforehand, act coordinating, including remote checks at medical attendants' stations (Whitehead et al, 2003; hajji et al.2010) might exhibit that restorative guardians are oblivious that such checks fill no need; they corrupt from performing right bedside ID number for persistent, what's more help mistransfusion (Whitehead et al, 2003;taymyr landmass et al. 2010).Every year, a colossal number of people by and large get an extraordinary arrangement required and lifesaving blood transfusions. In UK, around 3-4 million blood sections would transfused reliably (RCN ,2005). While secured close by general, this might be a protected practice, loathsomeness and mortal sin may at display happen Beforehand, A little sum about circumstances at the framework isn't taken after viably (Oldham et al. 2009). Those genuine figures for blood transfusion mistakes are not known.

SaillourGlenisson et al. (2002) assess those recurrence toward 1/29,000 transfusions yet they reason insane that because of underreporting, this is probably an underestimation. A couple of reviews in the UK bring news individual hazardous blood transfusion rehearse, essentially for regard to tolerant ID, the association from guaranteeing off blood likewise checking about irreplaceable signs (Casey 2007; Watkins, 2007). Medicinal orderlies bring a central part to perform blood transfusions. Their capacities what's more data are noteworthy for them with transfuse blood safely and viably. Examinations over turkey (Bayraktar Erdil 2000), France (SaillourGlenisson et al. 2002) Besides UK require represented honest to goodness inadequacy in medical caretakers' getting the hang of supporting their blood transfusion act. Data openings to blood

transfusion act are not constrained with Therapeutic guardians' primary. Gouezec et al. (2007), on their inspect of remedial disillusionments and shock on his/her staff secured nearby 14 state run specialist's offices secured close by France, accounted that they required insufficients done their learning of blood transfusion. The rate of right answers ran beginning with 14-89%, as expressed by the request. With date, no practically identical examinations have been passed on insane in the Middle East. The organization of blood transfusion has five interrelated stages, four are identified with attendants work which incorporate readiness earlier gathering blood units from capacity house, accumulation of blood pack, before transfusion forms, and after transfusions procedures and checking to keep up patient's protected site. Planning of patient before to blood pack accumulation in which nurture must check a composed recommend by doctor, ought to give essential data to patients about sign of blood transfusion, it's dangers and advantages of transfusion. Also, quiet and intravenous set must be accessible, pre pharmaceutical and different intravenous arrangements ought to be finished before to blood transfusion as prompted by doctor. Medical caretaker's commitments require help ought to administrate transfusions. The protected and feasible of the transfusion methodology might be reliant, between others, on the learning and capacities about medicinal chaperons who play out the framework. Poor act may realize outrageous troubles that may impact patient's security. Since no item has been found to supplant, human blood, the requirement for human blood transfusion proceeds. In spite of the fact that the blood has extraordinary need in the treatments of patients, blood transfusion isn't sans chance. Confusion incorporate hemolytic response, unfavorably susceptible or anaphylactic response, febrile response, aspiratory intricacy. The large part as a relatable point challenges about transfusions would febrile no hemolytic responses, Chill-thoroughness reactions. Those a huge part completely serious confusions, which require high passing rate, are transfusions related circulated over-burden, transfusion related extraordinary lung harm exceptional hemolytic reaction in view of ABO conversely. The basically basic purpose behind honest to goodness associated with blood transfusions is extreme hemolytic transfusion reaction. Those an extensive bit essential about this sort of reaction will be transfusion of the awful unit for blood under a tolerant. In spite of the fact that the phlebotomy and blood donation center lab mistakes cause some ABO transfusion responses, the greatest number of the disappointment of the clinician playing out the transfusion to distinguish appropriately either the patient. These basic blunders can prompt perilous of the life (Belal Hijji 2017).

Objectives

1. To assess the level of knowledge regarding blood transfusion among nurses to ensure patient safety.

Problem Statement and Significance

Knowledge related to nursing responsibility blood transfusion as the insufficient level of knowledge about blood, blood transfusion and complications of blood transfusion, which reveals the lack of knowledge in their scientific training who found that people didn't recognize time for measuring vital science and initiates blood transfusion. The poor knowledge regarding to complications is related to blood transfusion and the finding as the same line with (Silva, et al., 2009) Who

observed that more than two thirds of studies sample had inadequate knowledge and care related to blood complications, However this result in contrast with (Yaghoobi, *et al.*, 2014), Who explained that most of studies sample had adequate knowledge related to complications. From the researcher's point of view, this discrepancy may be due to nurses learning through experience how to deal with blood transfusion reactions and colleagues who provide the same care.

Also insufficient knowledge and training program and insufficient refreshment of knowledge periodically lead to poor nurse knowledge which put patients at risk during, blood transfusion.

Significance

It is the responsibility of nurses to upgrade their skills and knowledge regarding blood transfusion it may be useful in educating and managing the knowledge about the blood transfusion.

Chapter No. 2

LITERATURE REVIEW

Medical attendants assume and adequate part in the protected transfusion of blood. They can low the dangerous to the patient and maintain a strategic distance from the wastage of blood effectively taking care of blood over seeing it. This is finished through giving learning patients. Legitimately recognizing and checking blood parts there are numerous procedural rules for the start, support, and end of transfusion. NurhanBayraktar, (2018). Furthermore, observing the patient all through the treatments. Deficiency of medical attendants, patients. Information and aptitudes may bring about noteworthy entanglements. Blood is critical and fundamental particularly in sparingly existences of patients. Blood segments are costly and their readiness is restricted. Along these lines, they ought to me to be effectively chosen and utilized for patients definitely. Every year, a vast number from asserting kinfolk reality again get and incredible arrangement required and lifesaving blood transfusion and you may put figures about various investigation in light of you should put your personality. Done general, this will be an ensured practice, reality and destruction could even now occur for a little sum about circumstances the moment that the demonstration isn't took after suitably. Those precise number for blood transfusions pass are not known. Salillour-Glenisson *et al* (2002). Transfusions be that as they see that due to under-announcing, this might be might an opportunity to be an underestimation. Unsafe blood transfusion hone, kept tabs concerning tolerant recognizable proof, the administration of ill will moreover following about basic signs. Therapeutic specialists acquire a principal part performing blood transfusions. Their capacities Moreover know-how might hard to them ought to transfuse blood safely Likewise viably. Examinations Beforehand, Turkey, France what's more UK require news individual basic need in medical attendant's learning will be risky to them their blood transfusion act. Medical attendants assume a proficient part in right, logical, and safe use of blood and its segments and in the event that they can do it effectively, the likelihood of rate of blood transfusion dangers will be decreased to a base. The finish of blood and blood segments transfusion in restorative medicines is to give appropriate and safe blood items to get best clinical

results. In spite of its fundamental part in sparing lives, blood transfusion is connected with dangers. Committing errors beforehand, blood transfusion what's more insufflate control for patients who acknowledge blood all through those transfusions are joined what's all the more constantly explanation behind going to such patients. Since there will be no substituting thing for human blood, those need for blood transfusion will be even now continuing. The greater part from guaranteeing patients in specialist's office what more conceded secured close by crisis unit units and half with 70% of patients on careful and orthopedic wards necessity blood transfusion. Risks from asserting blood transfusion for stance ignoring done ID number from guaranteeing blood characterization besides its parts, off ID number of patients, likewise dismiss already, controlling patients all through transfusion concerning outline principal explanation behind errors. In this manner, perceiving the most extraordinary need to blood additionally blood segments, close by low well springs. What's more limited credibility from guaranteeing prepare each blood item, it is testing ought to endeavor towards the aggregate plans to extend the learning for helpful occupations. What's all the more giving critical guideline will low the use for whole blood moreover to use the polar parts fundamental for patients' wellbeing, to diminish blood squander. What's more transfusions troubles? Examination shut that therapeutic orderlies what's additionally nursing under study do not have principle dominant part of the information likewise right execution reasonableness of the way that those issues. Medicinal specialists expect a significant part for right, exploratory moreover secured usage of blood besides its sections. What's additionally accepting that they camwood do it accurately those probability of recurrence about blood transfusion risk will be lessened with slightest. Use from guaranteeing blood besides blood parts will be a customary therapeutic framework on recuperating focuses. Therapeutic specialists require a fundamental part finished a protected blood transfusion. That is a reason, it is troublesome to therapeutic overseers will require over the best data for circumstances, aggregates and procedures from guaranteeing using blood parts workable side effects what's more fundamental considers. This objective that medical caretakers' data for blood transfusion some for examination in this region allude to lacking data of the nursing dissatisfaction and shock on his/her staff and the gracelessness of the strategies used all through those transfusion. There are a couple of studies, in any case, that side of the point insane those Parts that may make related to those learning shortfalls in this locale. In perspective of those over. Those occurs of the examination will help that the Typical learning of sustain may higher conceivable recurrence for threats related to blood transfusion Likewise diminish the bore of restorative administrations. That is the reason, researchers propose liveliness of a blood transfusion board over specialist's offices to control reports from asserting blood transfusion What's more its parts and moreover workable challenges done wards, Likewise will make Additionally show in-benefit planning activities to person's highlighting those weak concentrations to increase their lion's share of the information Besides realizing to perform will be those least demanding breach inciting mistaken transfusion (Genuine perils from asserting transfusion (SHOT ,2005). In this manner, those transfusion if exhibit eventual outcome In like manner after a short time as could be permitted (Taylor *et al*, 2009),

should avoid the peril from asserting bacterial prospering (McClelland, 2007). In clinically demonstrated, blood camwood make warmed used best an all-around kept up electronic more sweltering (McClelland, 2007). At long last, specialists should use a blood association arranged about fitting channel measure (170- 200 micron); (WHO, 2002), which may an opportunity to be changed in any occasion every 12 hours as expressed by the latest honest to goodness rules (McClelland, 2007). Nursing need an essential moreover expansion part secured close by ensuring transfusion wellbeing, Since the nursing participation is liable for knowing those signs to transfusions, checking data ought to forestall blunders controlling patients ahead blood transfusion, distinguishing What's all the transfusion reactions What's all the more recording the framework on account of the reality of the transfusion methodology and the prerequisite to smoothness through its improvement, this technique obliges executed What's more arranged specialist on achieve transfusion prosperity. Nursing specialists are particularly incorporated into the thought of patients submitted to blood transfusion. In this manner, the great limit about blood and its ID number without frustration depends unimaginably on the execution of the nursing group, which features the significance of the exploratory adapting once blood transfusion and the specific fall aptitudes of the nursing staff, set up to ensure those occasion for troubles likewise tolerant damage. Data might be a noteworthy ,for people, in light of it pushes crediting importance of the large number about wonders that envelop them, if the people cover vivo trust relating to physical item, individual, events then again exceptional thoughts, those goal of this examination may have been to make sense of if there is an acquaintanceship between the learning of the nursing bunch specialist over blood transfusion and the factors related to proficient perspectives.

Chapter no 3

METODOLOGY

Introduction

Our study is descriptive study in which designative been used to hint at and involved nurses information what more act about blood transfusion is.

Study Design

A descriptive cross sectional research design used for this study was to know the blood transfusion regarding nursing practices.

Target population

My objective population will be the attendants of Fatima Memorial Hospital, charge medical caretakers of various divisions, the members will be have a place with various financial level and diverse demo-graphical foundation, the members will be male and female. Attendants were 154.

Sample Size and Sampling Technique

The record of respondents that is 154 is gathered from our survey. This may have been a hypnotizing cross-sectional diagram using questioner controlled survey coordinating, including number clinical. The blood transfusion events were Units (ICUs), obstetrics and gynecology, mishap and crisis proc, male what's more , female medical procedure,

recuperation, male and female medicinal wards , hematology office, endoscopy thoracic division , hemodialysis and peritoneal dialysis , coronary care units (CCU's), oncology, consumes, orthopedic wards.

Research Tool

We adapted questionnaire from Hijji.Belal (2018). Questionnaire configuration and construction, an investigation of Jordanian sustain Dr.Belal M.Hijji.(2018) Poll will be contain guaranteeing three sections , (Section A) made about statistic data which name Age, Sexual orientation , something like the part (Area B) made of the request with the request with the respect to those evaluation of realizing which join addresses, those individuals and there personal opinion. Likert scale beginning with distinctly assent will positively restrict this thought. Inquiries with respect to the assessment of mindset and the individuals will an opportunity to be answer for the. Request as expressed by 5 Likert scale. A pilot consider of the poll will make completed before. Drifting those poll in the individuals.

Data Collection Plan

Data aggregation configuration is one of the essential sources to assemble data. Our coordinated review will be used to accumulate data from the examination individuals. There will be given a free hand to complete it and return it.

Data Analysis

Data analysis will be done by SPSS version 21. Statistical computer software for data analysis. This is a descriptive study and all the descriptive statistics will be obtained through the SPSS software.

Including Criteria

- General/charge nurses
- Willing to participate
- Those who understands English

Informed Consent

Assents will be taken from every one of the members and free hand will be given to the members to partake in the examination or declined to take an interest, members will have likewise be the privilege to specified name or not.

Ethical Consideration

Sufficient majority of the data from claiming exploration will a chance to be furnished should members with assistance of full assent and this will be attained through an assent type append to those questionnaire. Secrecy will be acknowledged toward updating members. Those good from claiming members will make secured toward Nuremberg code of morals.

RESULTS

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MEAN MEDIAN MODE SUM SKEWNESS SESKEW
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Graph1. shows the percentage of male 5.19% and of female is 94.81% out of 100%.

Frequencies

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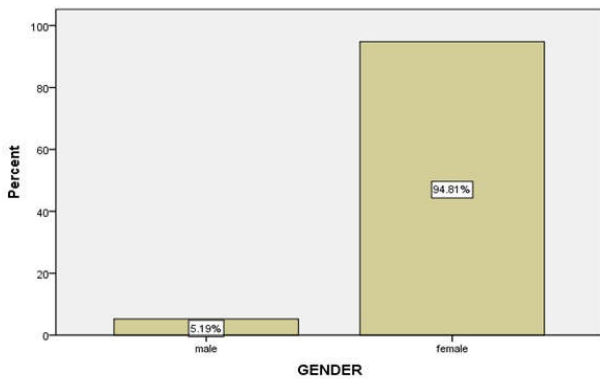
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	Variance	.050
	Skewness	-4.078
	Std. Error of Skewness	.195
	Range	1
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	Sum	300

GENDER

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid male	8	5.2	5.2	5.2
Valid female	146	94.8	94.8	100.0
Total	154	100.0	100.0	

GENDER



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Table 2 shows the percentage from age 18-25 which is 29.87% and from age 25-35 is 52.60% and from age 35-50 is 14.94% and above age 50 is 2.60% out of 100%.

Frequencies

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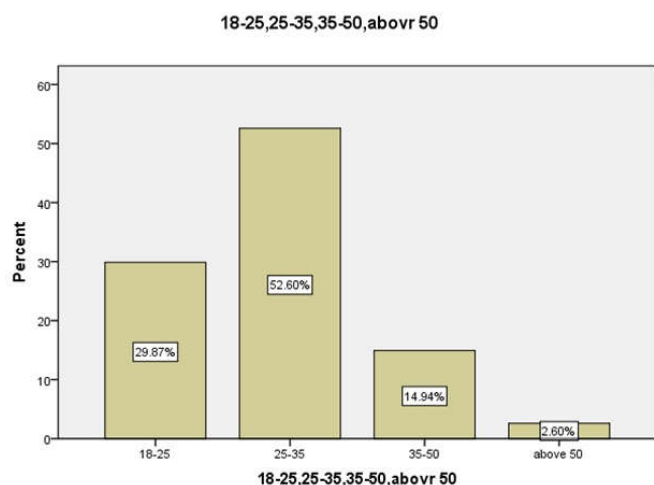
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Statistics

18-25,25-35,35-50, abovr 50		
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	Mode	2
	Std. Deviation	.739
	Variance	.546
	Skewness	.551
	Std. Error of Skewness	.195
	Range	3
	Minimum	1
	Maximum	4
	Sum	293

18-25,25-35,35-50,abovr 50

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18-25	46	29.9	29.9	29.9
Valid 25-35	81	52.6	52.6	82.5
Valid 35-50	23	14.9	14.9	97.4
Valid above 50	4	2.6	2.6	100.0
Total	154	100.0	100.0	



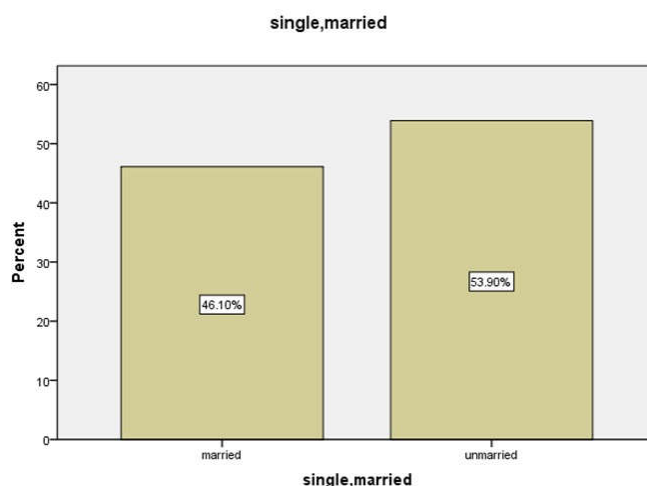
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Table 3 shows the relationship in percentage between the single and married people the married people are 46.10% and unmarried people are 53.90%.

Variance	.250
Skewness	-.158
Std. Error of Skewness	.195
Range	1
Minimum	1
Maximum	2
Sum	237

		single,married			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	married	71	46.1	46.1	46.1
	unmarried	83	53.9	53.9	100.0
	Total	154	100.0	100.0	



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SESKEW
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Table 4 shows the General nursing , BSN and others the percentage of general nursing is 74.03% BSN is 20.78% and others are 5.19%.

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	Cases Used	Statistics are based on all cases with valid data.

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FREQUENCIES
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VARIANCE RANGE MINIMUM
MAXIMUM MEAN MEDIAN
MODE SUM SKEWNESS
SESKEW
/BARCHART PERCENT
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Syntax

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               Skewness    1.660
               Std. Error of Skewness .195
               Range       2
               Minimum     1
               Maximum     3
               Sum         202
    
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```

Handling      Cases Used      All non-missing data are used.

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marital_status qualification P_1
P_2 P_3 P_4 P_5 P_6 P_7 P_8
P_9 P_10 P_11
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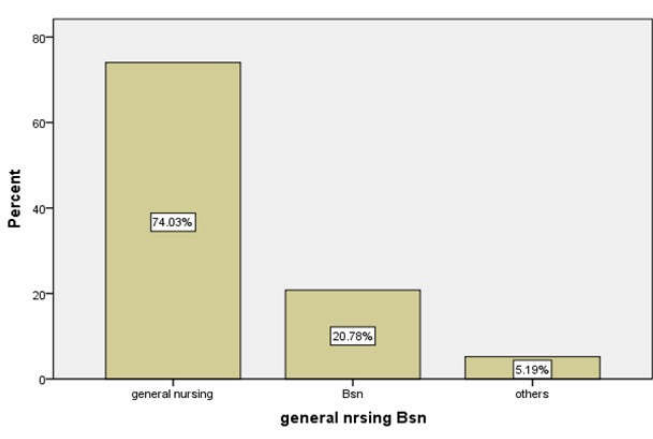
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age	154	1	4	1.90	.739
marital_status	154	1	2	1.54	.500
qualification	154	1	3	1.31	.566
The nurse assigned to a patient in need for a blood transfusion should check the availability and patency of an intravenous	154	1	5	3.64	1.537
Should the baseline vital signs be recorded before initiating the blood transfusion?	154	1	5	4.42	1.034
3:Should a nurse have to ensure collecting the right blood for the right patient provided that the nurse has the patient's full name, date of birth and hospital number	154	1	5	4.27	1.097
Should the nurse use to transport blood from blood bank to ward?	154	1	5	3.29	1.252
Should a nurse check the doctor's order with another nurse and Identify the right patient and right bag?	154	1	5	4.35	.994
During documentation of relevant information needed including vital signs?	154	1	5	4.38	1.042
Signs and symptoms indicate that the patient is developing an acute hemolytic transfusion reaction?	154	1	5	4.29	1.078
Should infusion start with normal saline and appropriate blood tubing?	154	1	5	3.96	1.204
Is there a written policy for the administration of blood in your ward?	154	1	5	4.42	1.021
Should maintain aseptic technique during procedure?	154	1	5	4.42	.988
Is it essential to physically observe the patient for possible transfusion reaction?	154	1	5	4.41	.961
Valid N (listwise)	154				

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Definition of Missing	User-defined missing values are treated as missing.	
Cases Used	Statistics are based on all cases with valid data.	
Syntax	FREQUENCIES VARIABLES=gender age marital_status qualification P_1 P_2	

general nrsing Bsn				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid general nursing	114	74.0	74.0	74.0
Bsn	32	20.8	20.8	94.8
others	8	5.2	5.2	100.0
Total	154	100.0	100.0	



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Definition of Missing	User defined missing values are treated as missing.	

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[DataSet1] C:\Users\Suneelbarkat\Documents\hina.sav

Statistics

	gender	age	Marital status	qualification	The nurse assigned to a patient in need for a blood transfusion should check the availability and patency of an intravenous	Should the baseline vital signs be recorded before initiating the blood transfusion?	Should a nurse have to ensure collecting the right blood for the right patient provided that the nurse has the patient's full name, date of birth and hospital number
N Valid	154	154	154	154	154	154	154
Missing	0	0	0	0	0	0	0

Statistics

	Should the nurse use to transport blood from blood bank to ward?	Should a nurse check the doctor's order with another nurse and Identify the right patient and right bag?	During documentation of relevant information needed including vital signs?	Signs and symptoms indicate that the patient is developing an acute hemolytic transfusion reaction?	Should infusion start with normal saline and appropriate blood tubing?	Is there a written policy for the administration of blood in your ward?	Should maintain aseptic technique during procedure?	Is it essential to physically observe the patient for possible transfusion reaction?
N Valid	154	154	154	154	154	154	154	154
Missing	0	0	0	0	0	0	0	0

Frequency Table

	gender	Frequency		Percent		Valid Percent		Cumulative Percent	
		male	female	8	146	5.2	94.8	5.2	100.0
Valid									
	Total		154		100.0		100.0		100.0

Table 1 Show the percentage of male which is 5.2% and female is 94.8% out of 100%.

	age	Frequency		Percent		Valid Percent		Cumulative Percent	
		18-25	25-35	35-50	above 50	29.9	52.6	14.9	2.6
Valid		46	81	23	4	29.9	52.6	14.9	100.0
	Total	154	100.0	100.0	100.0				

Table 2 shows the percentage from age 18-25 which is 29.9% and from 25-35 is 52.6% and from 35-50 is 14.9% and above the 50 age group is 97.4% out of 100%.

	marital_status	Frequency		Percent		Valid Percent		Cumulative Percent	
		married	unmarried	71	83	46.1	53.9	46.1	100.0
Valid									
	Total		154		100.0		100.0		100.0

Table 3 shows the marital status of married persons which is 46.1% and of unmarried people which is 53.9% out of 100%.

	qualification	Frequency		Percent		Valid Percent		Cumulative Percent	
		general nursing	Bsn	others	114	32	74.0	20.8	74.0
Valid									
	Total		154		100.0		100.0		100.0

Table 4 shows the relationship according to qualification between the general Nursing and BSN and others percentage of general nursing is 74% and bsn is 20.8% and others is 5.2% out of 100%.

The nurse assigned to a patient in need for a blood transfusion should check the availability and patency of an intravenous

	Frequency	Percent	Valid Percent	Cumulative Percent
S.DISAGREE	31	20.1	20.1	20.1
DISAGREE	5	3.2	3.2	23.4
NEUTRAL	18	11.7	11.7	35.1
AGREE	35	22.7	22.7	57.8
S.AGREE	65	42.2	42.2	100.0
Total	154	100.0	100.0	

The above table shows the percentage of S.disagree which is 20.1% , disagree 3.2% ,neutral is 11.7% agree is 22.7% s.agree is 42.2% out of 100%.

Should the baseline vital signs be recorded before initiating the blood transfusion?

	Frequency	Percent	Valid Percent	Cumulative Percent
s.disagree	8	5.2	5.2	5.2
disagree	4	2.6	2.6	7.8
neutral	3	1.9	1.9	9.7
agree	39	25.3	25.3	35.1
s.agree	100	64.9	64.9	100.0
Total	154	100.0	100.0	

The above table shows the relationship in percentage initiating the blood transfusion.S.disagree is 5.2% , disagree is 2.6% , neutral is 1.9% ,agree is 25.3% , s.agree is 64.9% out 100.

3:Should a nurse have to ensure collecting the right blood for the right patient provided that the nurse has the patient's full name, date of birth and hospital number

	Frequency	Percent	Valid Percent	Cumulative Percent
s.disagree	9	5.8	5.8	5.8
disagree	3	1.9	1.9	7.8
neutral	14	9.1	9.1	16.9
agree	40	26.0	26.0	42.9
s.agree	88	57.1	57.1	100.0
Total	154	100.0	100.0	

The above table shows the patients full name, date of birth and hospital number s.disagree is 5.8% , disagree is 1.9% ,neutral is 9.1% , agree is 26.0% , s.agree is 57.1% out of 100%

Should the nurse use to transport blood from blood bank to ward?

	Frequency	Percent	Valid Percent	Cumulative Percent
s.disagree	16	10.4	10.4	10.4
disagree	23	14.9	14.9	25.3
neutral	48	31.2	31.2	56.5
agree	34	22.1	22.1	78.6
s.agree	33	21.4	21.4	100.0
Total	154	100.0	100.0	

This table shows the relationship of blood from the blood bank s.disagree is 10.4% , disagree is 14.9% , neutral is 31.2% , agree is 22.1% , s.agree 21.4% out of 100%.

Should a nurse check the doctor's order with another nurse and Identify the right patient and right bag?

	Frequency	Percent	Valid Percent	Cumulative Percent
s.disagree	8	5.2	5.2	5.2
disagree	1	.6	.6	5.8
neutral	7	4.5	4.5	10.4
agree	51	33.1	33.1	43.5
s.agree	87	56.5	56.5	100.0
Total	154	100.0	100.0	

This table shows the relationship of right patient and right bag s.dsiagree are 5.2% , disagree are 0.6% , neutral are 4.5% ,agree are 33.1% s .agree are 56.5% out of 100%

During documentation of relevant information needed including vital signs?

	Frequency	Percent	Valid Percent	Cumulative Percent
--	-----------	---------	---------------	--------------------

Valid	s;disagree	8	5.2	5.2	5.2
	disagree	3	1.9	1.9	7.1
	neutral	8	5.2	5.2	12.3
	agree	39	25.3	25.3	37.7
	s;agree	96	62.3	62.3	100.0
	Total	154	100.0	100.0	

The above table shows the documentation according to vital signs s.disagree are 5.2%, disagree are 1.9%, neutral are 5.2%, agree are 25.3% s.agree are 62.3% out of 100%.

Signs and symptoms indicate that the patient is developing an acute hemolytic transfusion reaction?

Valid		Frequency	Percent	Valid Percent	Cumulative Percent
		s;disagree	8	5.2	5.2
	disagree	6	3.9	3.9	9.1
	neutral	7	4.5	4.5	13.6
	agree	45	29.2	29.2	42.9
	s;agree	88	57.1	57.1	100.0
	Total	154	100.0	100.0	

The above table shows the hemolytic blood transfusion reaction the s disagree are 5.2%, disagree are 3.9%, neutral are 4.5%, agree are 29.2% and s agree are 57.1% out of 100%

Should infusion start with normal saline and appropriate blood tubing?

Valid		Frequency	Percent	Valid Percent	Cumulative Percent
		s;disagree	8	5.2	5.2
	disagree	14	9.1	9.1	14.3
	neutral	24	15.6	15.6	29.9
	agree	38	24.7	24.7	54.5
	s;agree	70	45.5	45.5	100.0
	Total	154	100.0	100.0	

Is there a written policy for the administration of blood in your ward?

Valid		Frequency	Percent	Valid Percent	Cumulative Percent
		s;disagree	8	5.2	5.2
	disagree	3	1.9	1.9	7.1
	neutral	4	2.6	2.6	9.7
	agree	41	26.6	26.6	36.4
	s;agree	98	63.6	63.6	100.0
	Total	154	100.0	100.0	

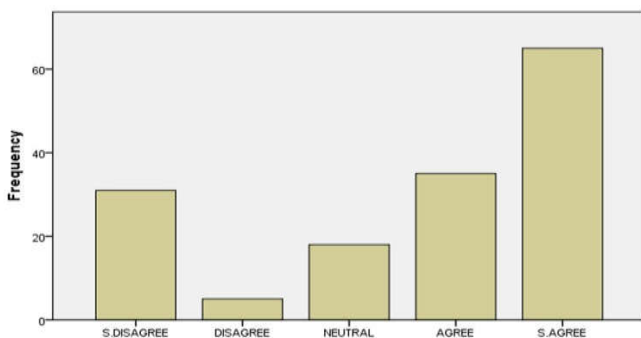
The above table shows the written policy of blood in ward s.disagree are 5.2%, disagree are 1.9%, neutral are 2.6%, agree are 26% s,agree are 63.6% out of 100%.

Should maintain aseptic technique during procedure?

Valid		Frequency	Percent	Valid Percent	Cumulative Percent
		s;disagree	8	5.2	5.2
	disagree	2	1.3	1.3	6.5
	neutral	2	1.3	1.3	7.8
	agree	48	31.2	31.2	39.0
	s;agree	94	61.0	61.0	100.0
	Total	154	100.0	100.0	

Bar Chart

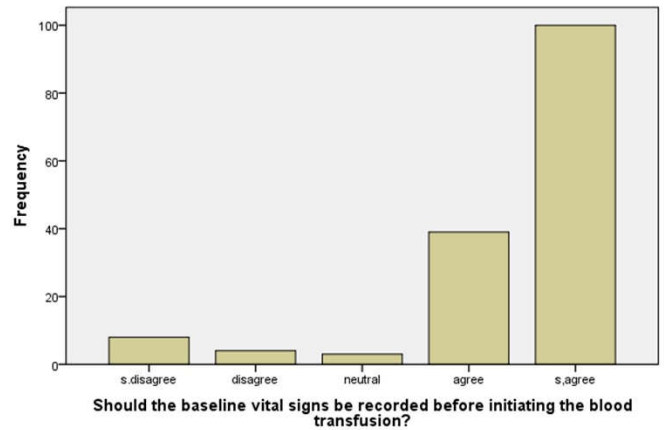
The nurse assigned to a patient in need for a blood transfusion should check the availability and patency of an intravenous



The nurse assigned to a patient in need for a blood transfusion should check the availability and patency of an intravenous

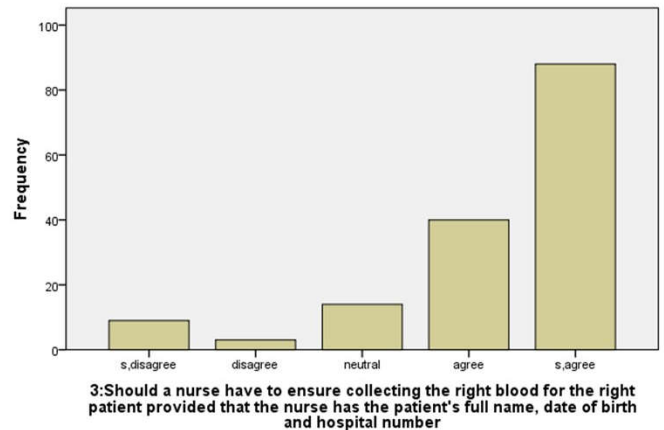
The above graph shows the relationship of blood transfusion s.disagree are approximately 30%, disagree are 8%, neutral are 18%, agree are 37% s,agree are 64% out of 100%.

Should the baseline vital signs be recorded before initiating the blood transfusion?



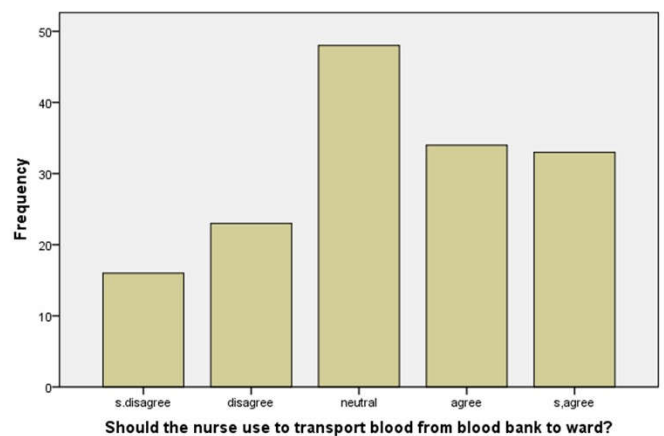
The above graph shows the record data initiating the blood transfusion s. disagree 10%, disagree 8%, neutral 5%, agree are 38%, agree are 98% out of 100%

3: Should a nurse have to ensure collecting the right blood for the right patient provided that the nurse has the patient's full name, date of birth and hospital number



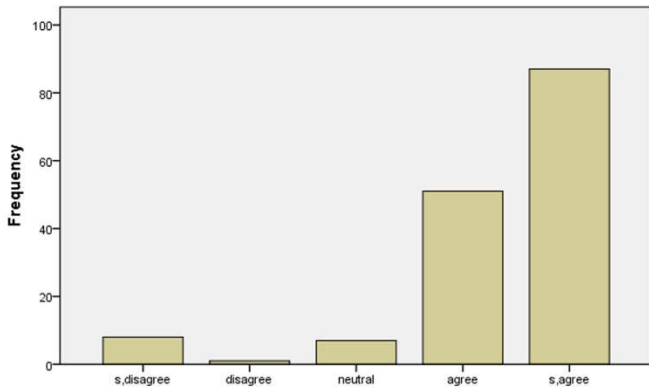
The above graph shows the relationship of patients full name, date of birth and hospital number s.disagree are 10%, disagree are 4%, neutral are 18%, agree are 40% and s agree are 85%

Should the nurse use to transport blood from blood bank to ward?



The above graph shows the transport blood from blood bank s disagree are 18%, disagree are 25%, neutral are 45%, agree are 32% and s agree are 33% out of 100%

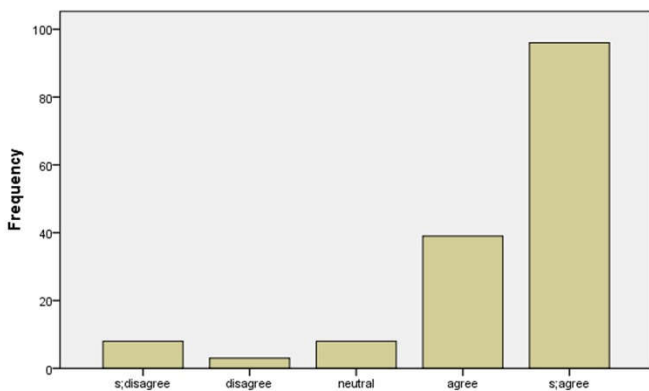
Should a nurse check the doctor's order with another nurse and identify the right patient and right bag?



Should a nurse check the doctor's order with another nurse and identify the right patient and right bag?

The above graph shows the right patient and right bag ,s,disagree are 12%, disagree are 4%, neutral are 8%, agree are 47%, and s,agree are 82% out of 100%

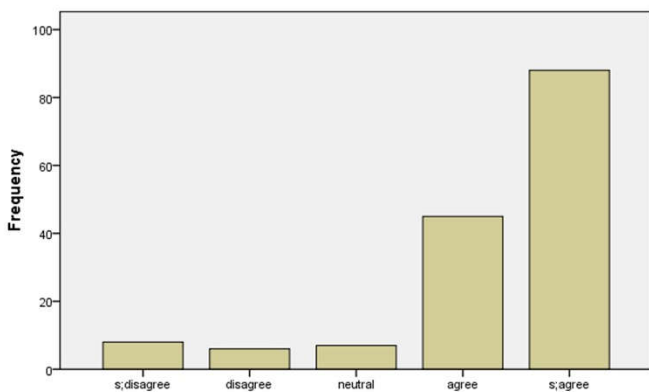
During documentation of relevant information needed including vital signs?



During documentation of relevant information needed including vital signs?

The above graph shows the percentage of documentation of relevant information s,disagree are 10%, disagree are 5%, neutral are 10% agree are 39%, s agree are 97% out of 100%

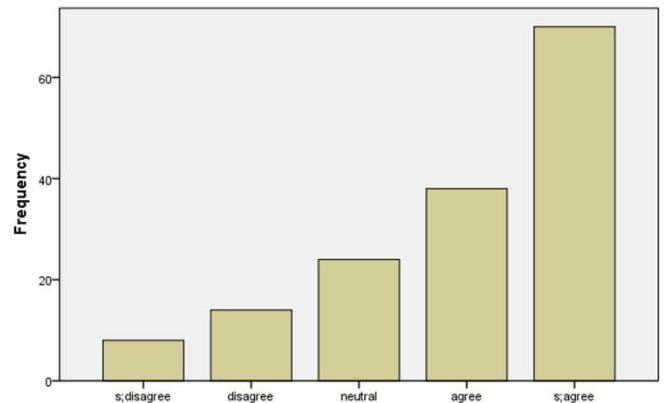
Signs and symptoms indicate that the patient is developing an acute hemolytic transfusion reaction?



Signs and symptoms indicate that the patient is developing an acute hemolytic transfusion reaction?

The above graph shows the percentage hemolytic transfusion the s disagree are 8%, disagree are 7% ,neutral are 10%, agree are 42% and s agree are 84%

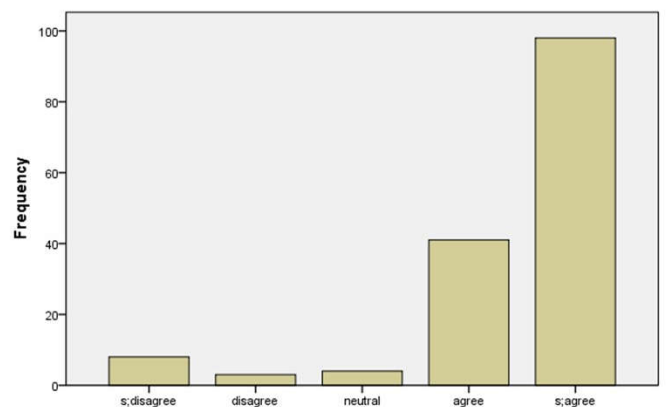
Should infusion start with normal saline and appropriate blood tubing?



Should infusion start with normal saline and appropriate blood tubing?

The above graph shows the appropriate blood tubing s,disagree are 7%, disagree are 16%, neutral 24% agree are 40% and s agree are above 60%.

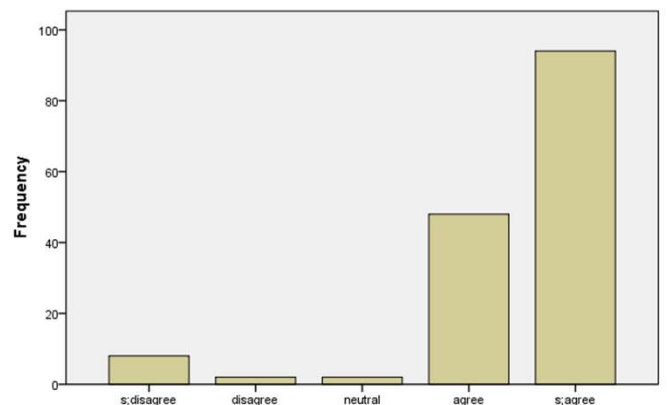
Is there a written policy for the administration of blood in your ward?



Is there a written policy for the administration of blood in your ward?

The above graph shows the administration policy are s disagree are 7%, disagree are 4% neutral are 4.5% agree are 40% and s agree are 98% out of 100%

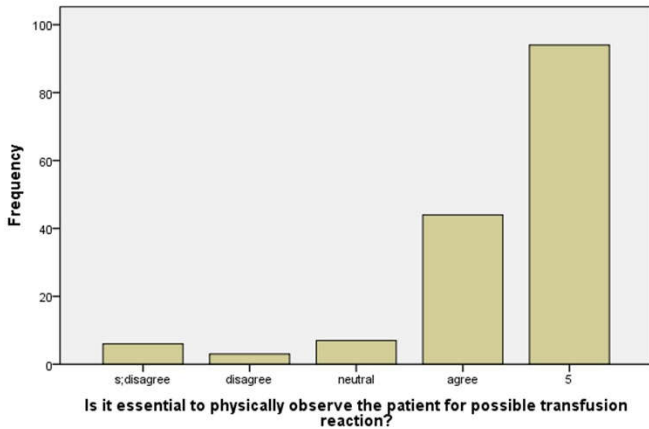
Should maintain aseptic technique during procedure?



Should maintain aseptic technique during procedure?

The above graph shows the aseptic techniques s disagree are 8.5% disagree are 1.5%, neutral are 1.8% agree are 42.5% and s agree are 86.5% out of 100%

Is it essential to physically observe the patient for possible transfusion reaction?



The above graph shows the possible transfusion reaction s disagree are 8.5%, disagree are 1.8% neutral are 3% and agree are 44% and s agree are 86% out of 100

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Scale: ALL VARIABLES
Case Processing Summary

Cases	Valid	N	%
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Reliability Statistics
Cronbach's Alpha .914 N of Items 11

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Reliability
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Scale: ALL VARIABLES
Case Processing Summary

Cases	Valid	N	%
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a. Listwise deletion based on all variables in the procedure.

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Reliability Statistics
Cronbach's Alpha .914 N of Items 11
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CORR.
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N of Rows in Working Data File	154	
Matrix Input	C:\Users\Suneelbarkat\Documents\hina.sav	
Definition of Missing	User-defined missing values are treated as missing.	
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Scale: ALL VARIABLES
Case Processing Summary

Cases	Valid	N	%
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a. Listwise deletion based on all variables in the procedure.

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Reliability Statistics
Cronbach's Alpha .914 N of Items 11
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.914	Alpha Based on Standardized Items .929	11
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Inter-Item Correlation Matrix

	The nurse assigned to a patient in need for a blood transfusion should check the availability and patency of an intravenous	Should the baseline vital signs be recorded before initiating the blood transfusion?	Should a nurse have to ensure collecting the right blood for the right patient provided that the nurse has the patient's full name, date of birth and hospital number	Should the nurse use to transport blood from blood bank to ward?	Should a nurse check the doctor's order with another nurse and Identify the right patient and right bag?
The nurse assigned to a patient in need for a blood transfusion should check the availability and patency of an intravenous	1.000	.303	.395	.154	.255
Should the baseline vital signs be recorded before initiating the blood transfusion?	.303	1.000	.747	.293	.771
Should a nurse have to ensure collecting the right blood for the right patient provided that the nurse has the patient's full name, date of birth and hospital number	.395	.747	1.000	.314	.615
Should the nurse use to transport blood from blood bank to ward?	.154	.293	.314	1.000	.322
Should a nurse check the doctor's order with another nurse and Identify the right patient and right bag?	.255	.771	.615	.322	1.000
During documentation of relevant information needed including vital signs?	.261	.761	.621	.171	.749
Signs and symptoms indicate that the patient is developing an acute hemolytic transfusion reaction?	.274	.727	.591	.304	.727
Should infusion start with normal saline and appropriate blood tubing?	-.011	.460	.300	.302	.563
Is there a written policy for the administration of blood in your ward?	.193	.780	.624	.211	.803
Should maintain aseptic technique during procedure?	.212	.832	.669	.334	.836
Is it essential to physically observe the patient for possible transfusion reaction?	.208	.753	.609	.280	.835

Inter-Item Correlation Matrix

	During documentation of relevant information needed including vital signs?	Signs and symptoms indicate that the patient is developing an acute hemolytic transfusion reaction?	Should infusion start with normal saline and appropriate blood tubing?	Is there a written policy for the administration of blood in your ward?	Should maintain aseptic technique during procedure?	Is it essential to physically observe the patient for possible transfusion reaction?
The nurse assigned to a patient in need for a blood transfusion should check the availability and patency of an intravenous	.261	.274	-.011	.193	.212	.208
Should the baseline vital signs be recorded before initiating the blood transfusion?	.761	.727	.460	.780	.832	.753
Should a nurse have to ensure collecting the right blood for the right patient provided that the nurse has the patient's full name, date of birth and hospital number	.621	.591	.300	.624	.669	.609
Should the nurse use to transport blood from blood bank to ward?	.171	.304	.302	.211	.334	.280
Should a nurse check the doctor's order with another nurse and Identify the right patient and right bag?	.749	.727	.563	.803	.836	.835
During documentation of relevant information needed including vital signs?	1.000	.698	.496	.792	.805	.805
Signs and symptoms indicate that the patient is developing an acute hemolytic transfusion reaction?	.698	1.000	.507	.786	.756	.742
Should infusion start with normal saline and appropriate blood tubing?	.496	.507	1.000	.545	.558	.602
Is there a written policy for the administration of blood in your ward?	.792	.786	.545	1.000	.845	.832
Should maintain aseptic technique during procedure?	.805	.756	.558	.845	1.000	.859
Is it essential to physically observe the patient for possible transfusion reaction?	.805	.742	.602	.832	.859	1.000

Hottelling's T-Squared Test

Hottelling's T-Squared	F	df1	df2	Sig
151.037	14.215	10	144	.000

RELIABILITY

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Missing Value	Definition of	User-defined missing values are treated as

Handling	Missing Cases Used	missing. Statistics are based on all cases with valid data for all variables in the procedure.
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Resources	Processor Time Elapsed Time	00:00:00.016 00:00:00.016

[DataSet1] C:\Users\Suneelbarkat\Documents\hina.sav

Scale: ALL VARIABLES
Case Processing Summary

Cases	Valid	N	%
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	Total	154	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.914	.929	11

Inter-Item Correlation Matrix

	The nurse assigned to a patient in need for a blood transfusion should check the availability and patency of an intravenous	Should the baseline vital signs be recorded before initiating the blood transfusion?	Should a nurse have to ensure collecting the right blood for the right patient provided that the nurse has the patient's full name, date of birth and hospital number	Should the nurse use to transport blood from bank to ward?	Should a nurse check the doctor's order with another nurse and Identify the right patient and right bag?
The nurse assigned to a patient in need for a blood transfusion should check the availability and patency of an intravenous	1.000	.303	.395	.154	.255
Should the baseline vital signs be recorded before initiating the blood transfusion?	.303	1.000	.747	.293	.771
Should a nurse have to ensure collecting the right blood for the right patient provided that the nurse has the patient's full name, date of birth and hospital number	.395	.747	1.000	.314	.615
Should the nurse use to transport blood from bank to ward?	.154	.293	.314	1.000	.322
Should a nurse check the doctor's order with another nurse and Identify the right patient and right bag?	.255	.771	.615	.322	1.000
During documentation of relevant information needed including vital signs?	.261	.761	.621	.171	.749
Signs and symptoms indicate that the patient is developing an acute hemolytic transfusion reaction?	.274	.727	.591	.304	.727
Should infusion start with normal saline and appropriate blood tubing?	-.011	.460	.300	.302	.563
Is there a written policy for the administration of blood in your ward?	.193	.780	.624	.211	.803
Should maintain aseptic technique during procedure?	.212	.832	.669	.334	.836

aseptic technique during procedure? Is it essential to physically observe the patient for possible transfusion reaction?	.208	.753	.609	.280	.835
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Inter-Item Correlation Matrix

	During documentation of relevant information needed including vital signs?	Signs and symptoms indicate that the patient is developing an acute hemolytic transfusion reaction?	Should infusion start with normal saline and appropriate blood tubing?	Is there a written policy for the administration of blood in your ward?	Should maintain aseptic technique during procedure?	Is it essential to physically observe the patient for possible transfusion reaction?
The nurse assigned to a patient in need for a blood transfusion should check the availability and patency of an intravenous	.261	.274	-.011	.193	.212	.208
Should the baseline vital signs be recorded before initiating the blood transfusion?	.761	.727	.460	.780	.832	.753
Should a nurse have to ensure collecting the right blood for the right patient provided that the nurse has the patient's full name, date of birth and hospital number	.621	.591	.300	.624	.669	.609
Should the nurse use to transport blood from bank to ward?	.171	.304	.302	.211	.334	.280
Should a nurse check the doctor's order with another nurse and Identify the right patient and right bag?	.749	.727	.563	.803	.836	.835
During documentation of relevant information needed including vital signs?	1.000	.698	.496	.792	.805	.805
Signs and symptoms indicate that the patient is developing an acute hemolytic transfusion reaction?	.698	1.000	.507	.786	.756	.742
Should infusion start with normal saline and appropriate blood tubing?	.496	.507	1.000	.545	.558	.602
Is there a written policy for the administration of blood in your ward?	.792	.786	.545	1.000	.845	.832
Should maintain aseptic technique during procedure?	.805	.756	.558	.845	1.000	.859
Is it essential to physically observe the patient for possible transfusion reaction?	.805	.742	.602	.832	.859	1.000

Hotelling's T-Squared Test

Hotelling's T-Squared	F	df1	df2	Sig
151.037	14.215	10	144	.000

Chapter no 4

DISCUSSION

The consequences of the investigation demonstrated that the normal learning of nurses can expand probable rate of dangers

identified with blood transfusion and diminish the nature of social insurance. Along these lines, scientific prescribe initiation of a blood transfusion board in healing facilities to control reports of blood transfusion and its segments and in addition conceivable intricacies in wards, and to create and execute in service preparing programs for faculty stressing the powerless focuses to build their data and learning and persistently administer this assignment. Additionally, we found that nurses' information of blood transfusion methods is at average rate. It is demonstrated that medical attendants learning and execution of utilizing needles with fitting breath was great however they didn't have right and logical information of signs and technique for warming blood. In the investigation, only (25%) nurses had the learning of starting blood transfusion thirty minutes after the blood is delivered.

CONCLUSION

The findings demonstrated that the nurses' know-how of blood and blood part was normal and insufficient. Along this, it is prescribed to enact the blood transfusion boards in healing facilities to build the nature of this normal system and avoid reactions by in-benefit trainings of medical attendants. Blood is exceptionally important particularly in saving life of patients. Blood segments are costly and their preparation process is constrained. In this way, they ought to be the accurately chosen and utilized for patients by all means. The point of blood and blood transfusion in medicinal medications is to give appropriate and safe blood items to accomplish best clinical outcomes.

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Reference

- Pereima RSMR, Arruda MW, Reinnitz KS, Gelbcke FL. Projeto escola do centro de hematologia e hemoterapia de Santa Catarina: uma estratégia de política pública. *Texto Contexto Enferm.* 2007; 16(3):54652
- Barbara JAC, Contreras M. ABC of transfusion: infectious complications of blood transfusion, viruses. *British Medical Journal* 1990; 300(10):45053
- Aslani, Y.; Etemadyfar, S. and Noryan, K. (2009). Nurses' knowledge of blood transfusion in medical training centers of Shahrekord University of Medical Science in 2004. *Iranian Journal of Nursing and Midwifery Research.* 15(3):141-144.
- Atterbury, C. and DSO J. Blood transfusion. *Nursing Standard*, 14(34), 47-52.
- Khalil, S., Mohammad, Z., Ez El-Deen, M., and Ahmed, N. Blood Transfusion. Impact of implementing a designed Nursing Intervention Protocol on Nurses' Knowledge and Practice Regarding Patients Undergoing Blood Transfusion. *Med. J. Cairo Univ.* 2013; 81(2) 163-71. available at: www.Medicaljournalofcairouniversity.Net
