

Community Learning Disability Team



Blood Taking Support Plan

Name of Individual:		Identified Lead Person	
People responsible for this Action Plan:		Date of Procedure(s):	

Ensure effective communication takes place with everybody involved throughout the process

While this suggested Support Plan covers many of the areas that you should consider when supporting a person with a learning disability through an invasive procedure, it should not be regarded as exhaustive. The needs of the individual throughout this process will obviously vary greatly. This document therefore, should be used flexibly and

those of you who know the above named individual well should make additions and alterations to meet his unique needs.

N.B. If any activity outlined in the Support Plan/Pathway was not completed, for whatever reason, then this must be shown as a variance. The variance record at the back of the Support Plan

All possible blood tests that you can be referred for

Blood test	What is it	Why	Reason
T.F.T.s	Thyroid Function Test	Secretes hormone Thyroxine which is concerned in the regulating of the metabolic rate	Thyroid disorders are more common in people with Downs Syndrome than the rest of the population
L.F.T.s	Liver Function Test	Prescribed Erythromycin for on going skin problems	Routine monitoring to be completed to ensure liver is working correctly
Renal	Kidney function	To determine the ability of the Kidney to remove certain substances from the blood	To ensure that the kidney is working correctly
FBCs	Full Blood Count	To ensure that the number of blood cells in the body is correct e.g. Red blood cells, White blood cells and platelet count.	To ensure that the range is within normal limits.
Paracetamol			
Cholesterol/ lipids	Cholesterol is a fatty natural substance produced in the body	In a balanced state it serves as a useful function	If excess cholesterol is present it can put a strain on the heart
Fasting Lipids	As above but if your doctor has asked for a fasting lipids sample you		

	should not eat or drink anything except water from midnight the night before attending for test		
Fasting Glucose	May be random or fasting. If fasting you should not have anything to eat or drink except water from midnight the night before attending for the test	To determine whether or not your blood glucose is within normal limits	To screen for, diagnose and monitor Diabetes
Lithium	Is a drug which may be prescribed by your doctor	Used for the prevention of manic depressive psychosis or to treat mania	Regular blood tests will be done to assess the level of lithium in the blood. This will ensure the dosage you are receiving is safe and effective. These tests may be weekly to start, then monthly
Phenytoin levels	Drug given on prescription by a doctor	May be used to control epilepsy	To check levels of phenytoin in order to assess adequate dosage. <i>N.B. Record time of last medication on form</i>

Helicobacter pylori	Type of bacteria that may be responsible for the majority of peptic ulcers	One cause of peptic ulceration is bacteria infection with Helicobacter pylori	To detect if bacteria is present to allow treatment as necessary
Bone Density	?		
F.S.H.	Hormone that regulates the growth and development of eggs and sperm	Usually done more in women than men to check hormone levels in women who suspect/have symptoms of the menopause	To determine if menopause has begun or to diagnose menstrual and infertility disorders
Genetic Chromosomal			
ESR	Blood test to detect inflammation	Extra protein is released from the site of inflammation and circulates in the blood stream	To help diagnose diseases and monitor certain conditions
EDT			
B12	Vitamin involved in many body functions	Lack of this vitamin may cause anaemia as it affects the production of red blood cells	The test can detect if you have a lack of this vitamin or reduced amount. If so, you may receive vit B12 injections to replace
Folate	Folic acid vitamin	A lack of folic acid (folate) is one cause of anaemia	To detect levels to allow treatment if needed
Ferritin	Is a protein that stores iron in the body	If your doctor suspects you have too much or not enough iron in your system	To learn about the levels of iron stored in your body

G.F. Test	Glandular fever is a viral infection	Glandular fever is a common illness in adolescents and young adults	Blood test sometimes done to confirm the diagnosis
Rheumatoid factor	Is a test that measures the presence and level of rheumatoid factor in the blood	If you have symptoms that may be rheumatoid arthritis	To help diagnose rheumatoid arthritis
Warfarin	Belongs to a group of medicines known as anti-coagulants	Warfarin is used to prevent and treat the formation of harmful blood clots within the body	Regular blood tests are needed to ensure the dose of Warfarin is correct for you
CRP	c-Reactive protein	The level of CRP increases when you have certain conditions which may cause inflammation	To help diagnose diseases and monitor certain conditions

Reasons for Blood Taking

Ill health Annual Checks Medication Monitoring Genetic Testing Blood Group Testing	Please State:
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Which Blood Test(s) have been requested by the GP

Action Plan

People involved with this Action Plan

Name	Relationship	Contact Number

N.B. For those individuals identified as having limited or no network of support

OR

Have additional associated difficulties in accessing primary health care service

Please make a referral to the Community Learning Disability Team for
Assessment, Advice or Assistance

Referral made for blood test

		Signature
Date of Referral		
<u>OR</u> Date of identified need for a blood test		
Referral made by		
Date blood sample successfully taken (if not taken record as such variance)		
Guidance time scales for taking a blood sample – Urgency of the blood test. If you are unable to complete the blood sample within the time scale suggested please record as a variance along with the actual time taken.		
Deterioration in health	YES / NO	
Medication Monitoring	YES / NO	
Health Checks	YES / NO	

**Has the individual been offered a range of options to access a blood test
(If no this should be recorded as a variance) YES / NO**

**Has appropriate documentation been completed?
(If no this needs to be recorded as a variance) YES / NO**

Checklist A

	Yes	No
<p><u>Lead Person To:</u></p> <p>Discuss procedure with individual</p> <p>Reason for Blood test explained</p> <p>Process for blood taking explained</p> <p><u>Consent:</u></p> <ul style="list-style-type: none"> • Is the individual able to consent? • Has consent been given by the individual? • Does the individual lack the capacity to consent to a blood test? If yes, has a Mental Capacity Act Assessment form/DOH Form 4 been completed? • Are the forms attached? • The proposed blood test is being undertaken in the Best Interests of the individual – as such a Best Interests Meeting must be arranged. <p>Any concerns regarding consent, please refer to the Community Learning Disability Team</p>		

Outcome of Discussions; reasonable belief as to best interests

(The decision maker must take the above steps, amongst others and weigh up the factors in order to determine what decision or course of action is in the best interests of the person concerned)

The undersigned believe this to be a fair representation of the discussions that took place. We have reasonable grounds for believing that what is being planned is in the best interests of the person concerned at this point in time.

Name: Designation: Signature: Date:	Name: Designation: Signature: Date:
Name: Designation: Signature: Date:	Name: Designation: Signature: Date:
Name: Designation: Signature: Date:	Name: Designation: Signature: Date:

<u>Sedation:</u>	Yes	No
<p>Will sedation be required?</p> <p>Why? (Please state)</p>		
<p>Request sedation medication from the GP</p>		
<p><u>Preparation</u></p> <p>Will individual attend clinic/hospital? (Delete)</p> <p>Will familiarisation visits need to take place prior to procedure date?</p> <p>Will individual require a home visit?</p>		

Why?

- Physical Disability
- Sedation
- Phobia issues
- Previous attempts failed
- Other (specify)

Preferred time of day for blood test? (Please state)

Will individual want a local anaesthetic? (Emla cream)

Has sedation medication been obtained?

Please state (medication prescribed)

Is the dosage clear?

Are the instructions clear?

Has local anaesthetic been obtained if required?

If desensitization is required:

Has the individual been introduced to clinic/hospital staff?

Has the individual been introduced to reception staff?

Has the individual viewed clinic room?

Has the individual viewed equipment?

Has the individual been shown where the toilets are?

Has an appointment been booked?

N.B. Points to consider:

Time of day: (especially if sedation required/fasting bloods)

Waiting times.

Length of appointment: (double appointment)

Are familiar staff on duty?

Any special requirements?

Removal of uniforms required?

Gender preferences?

Risk Issues identified – see Risk Management Plan attached

Other requirements? Please state

Care Plan

Has a care plan been written?

Has care plan been agreed with the individual?

Has care plan been agreed with support network?

Action Plan circulated to relevant people (please list)

Care Plan circulated to relevant people (please list)

Copy of care plan attached?

For completion by Phlebotamist or Practice Nurse on day of procedure only

Does the individual have the capacity to consent to a blood test?

If "no"...has Mental Capacity Act Assessment Form or DOH Form 4 been completed?

Verified by blood taker?

Was blood taking successful?

If "yes" has aftercare sheet been provided?

If "no" please state reasons why unsuccessful

Action To Be Taken

Inform requesting medical officer

(Refer to Community Learning Disability Team)
Inform Community Learning Disability Team

Refer to G.P. for sedation/increased sedation

Procedure to be attempted in individual's own home

Any Other, Please State

Signature _____

Date _____

Name in block capitals _____

Designation _____

Variance Analysis for Supporting an Individual to have a Blood Test

Service User Name :

Analysis of Variance Record					
Date	What variance occurred?	Why did variance occur?	Action taken	Initials	Designation

Care Plan (example)

Preparing the individual

Joe's understanding of the procedure and what it entails is very limited and this is the reason why Form 4 needs to be completed. From my understanding of **Joe** he does not like change and he finds it very difficult to cope with new situations. Preparing **Joe** for a sample of blood to be taken will involve **Joe** being in a familiar setting, surrounded by people and voices he is familiar with ensuring that he is safe and that his surrounding (home environment) is made secure around him. That the basic human requirements e.g. food and drinks are provided and he is given TLC. **Joe** will be given medication that will relax him and may make him feel sleepy. **Dr Smith** has suggested and Serena has agreed that Diazepam should be used as **Joe** has already experienced this medication. We know that **Joe** can tolerate this medication and he has not experienced any side effects or long-term problems from taking Diazepam previously. **Dr Smith** will prescribe a once only dose of this medication and this will be coordinated so that the medication will be given 30 minutes prior to the district nurse coming out to take the blood sample. It is important to inform **Joe** that he may feel tired and sleepy and it is fine if he wants to go to bed to sleep. **Joe** needs to be monitored regularly after the Diazepam has been administered.

A symbols pack is available to inform patients of the blood taking procedure. However, the Speech and Language Therapist **Lesley White** has advised that **Joe** has been introduced to presentation of information in a visual format in the past and this has not been successful. He is therefore not used to receiving information visually and it would not be understood.

The procedure

1. Diazepam will be administered at a set time by **Joe's** parents. Lead person will coordinate and inform his parents of the time.
2. **Joe** will have the support from his parents and **The Resource Centre** on the date of the procedure and this will provide him with security
3. Lead person/ Community Nurse will also be there if parents/careers would like this support.
4. The blood taker will come to the client's home and take a sample of blood from **Joe**.
5. The blood sample will be taken from **Joe's** arm and this depends which arm is best suitable for the procedure. The blood taker will make that decision on the day.
6. **Joe** may feel unsteady, tired, light-headed, and thirsty throughout the day and will require additional observation and support.

Care needs

Joe's care needs will be similar to how he is supported now. **Joe** may need additional support when walking around or using the toilets. This is to ensure his safety, as he may be unsteady on his feet while the effect of the medication is wearing off. **Joe's** safety is paramount. Remaining in the family home would benefit **Joe** as he is familiar with his surroundings, he has a bed there if he wants to go to sleep, he has his own stimulus or his lights in his bedroom which help him to feel relaxed and calm.

After procedure

1. The blood taker will send the sample(s) to the Lab.
2. **Dr Smith** will receive the results within 10 working days
3. **Joe's** parents can phone up the doctor's surgery and receive the blood results or make an appointment to see **Dr Smith**.
4. **Dr Smith** will send Community Learning Disability Nurse a copy of the results to place in **Joe's** records
5. Lead person will discuss the procedure with **Joe's** parents and adapt the care plan if necessary.
6. This care plan can then be placed in all relevant files and can be used again when there is a need for a blood test. This may need to occur annually.

Discussion

All parties agree to the above document and also the consent form 4 document.

Mr Bloggs: _____
Father

Date: _____

Mrs Bloggs: _____
Mother

Date: _____

Serena Jones: _____
Senior Community Learning Disability Nurse

Date: _____

Dr Smith: _____
GP

Date: _____

Lesley White: _____
Speech and Language Therapist

Date: _____

Jane Dodd: _____
Key Worker

Date: _____