

Addendum C

**TOPIC: IN SUPPORT OF SCREENING IN HIGHER LEVEL EDUCATIONAL INSTITUTIONS AND ENHANCED HEALTHCARE PROVIDER AWARENESS FOR THE UNDIAGNOSED BLEEDING DISORDER COMMUNITY**

**SUBMITTED: CNSA, San Diego State University Chapter**

**AUTHOR: Russell Haight, Legislative Director**

WHEREAS, A bleeding disorder is defined as any coagulopathy that produces prolonged bleeding, which is most commonly due to a genetic clotting factor abnormality or insufficiency. Primarily characterized as the conditions of von Willebrand disease affecting “between 1% and 2% of the population” (National Hemophilia Foundation, n.d.) or hemophilia affecting “1:5,000 male births” (Center for Disease Control, 2010).

WHEREAS, A bulletin published by the American Congress of Obstetricians and Gynecologists (ACOG) states that “3 million women in the United States have inherited bleeding disorders” and the “prevalence of bleeding disorders is particularly high among women with menorrhagia” (American Congress of Obstetricians and Gynecologists, n.d.). Further, let it be known that it is the ACOG’s summary recommendation “to screen women with menorrhagia for von Willebrand disease” (Center for Disease Control, 2009).

WHEREAS, Typical healthcare literature lacks the emphasis on pertinent information regarding bleeding disorders, such as, female carriers may experience bleeding and exhibit symptoms that remain undiagnosed “because they have

one unaffected allele, carriers have concentrations of clotting factor VIII or IX of about 50% of normal, and hence, decreased coagulability” (Sramek et al., 2003). As well as the “lack of awareness of the potential of bleeding disorders to exacerbate or even cause abnormal bleeding leads to the underdiagnosis and suboptimal treatment of women with bleeding disorders” (James et al., 2009).

WHEREAS, A family history or lack thereof is not a clear indicator for early identification, as commonly used in the medical community, due to nearly ‘30% of factor VIII gene mutations being spontaneous’ (Mannucci and Tuddenham, 2001) and in contrast diagnosis of hereditary hemophilia may occur at any time in the lifespan, as the disease can escape detection “through a childhood free of major injuries, dental procedures, or surgeries” (Lewis et al., 2007).

WHEREAS, A higher level educational institution is defined as any collegiate-level institution identified for education beyond high school with established health service resources. According to the most recent statistics 61.6% of high school graduates went directly to college in 2006 (National Center for Higher Education Management Systems, 2007); as well as in 2007 the national combined enrollment in all postsecondary institutions was 18,671,084 students (National Center for Higher Education Management Systems, 2009); with the state of California having more than double that of any other leading state at 433,287 first time freshmen for fall enrollment in 2008 (National Center for Higher Education Management Systems, 2009); with 1,793,426 in the California Community Colleges statewide system alone for fall enrollment in 2009 (California Community College, 2010).

RESOLVED, That the California Nursing Students' Association (CNSA) commit to advocacy for the bleeding disorder community by supporting the identification of those that are suffering from a treatable bleeding condition or could suffer future complications of such a condition; as well as promote the awareness and enhancement of healthcare provider knowledge of these conditions so that bleeding disorders may be included as part of their differential diagnoses when presented with abnormal bleeding.

RESOLVED, That the CNSA support the implementation of a screening program in all California state higher level educational systems and support national adoption of such a program to identify individuals suffering from undiagnosed bleeding disorders.

RESOLVED, That the CNSA support chapter involvement in educational advocacy for the bleeding disorder community; performing surveillance and collecting statistical data and; presenting materials as appropriate

RESOLVED, That the CNSA support raising healthcare provider awareness through the use of, and expressed by, the standardized diagnostic mnemonic b-l-o-o-d (Bleeding, Labs, Oral, Ortho, Deviations) by way of publication as an article adjunct and educational tool for healthcare providers to consider as a differential diagnosis and primary identification of those that may be suffering from an undiagnosed bleeding disorder.

RESOLVED, That the CNSA send a copy of this resolution and all supplementary material to the California Nurses Association, the Health Services Association, California Community, the CSU Board of Trustees, the UC Board of Regents, the California College Chancellor's office, and others deemed appropriate by the CNSA Board of Directors.

Addendum D

**SPONSORED**

TOPIC: IN SUPPORT OF INCREASED EDUCATION & AWARENESS OF BLOOD TRANSFUSION  
ALTERNATIVES AND BLOOD MANAGEMENT OPTIONS FOR PATIENTS

SUBMITTED BY: Maurine Church Coburn School of Nursing- Monterey Peninsula College

AUTHORS: Lauren Cillizza, Jessica Sullivan, Charlotte Parker, Gisela Mandujano, Tammy Worley

WHEREAS, Blood collection has historically lagged demand, resulting in a blood supply insufficient to meet transfusion needs. According to the federal government's 2007 National Blood Collection and Utilization Survey Report, 6.89% of US hospitals reported that they cancelled elective surgery on 1 or more days in the prior year because of a lack of blood availability, and 13.5% experienced at least 1 day in which nonsurgical blood needs could not be met; (Kumar, Ajay. (2009). p. 112).

WHEREAS, Blood conservation involves using a combination of medications, specific devices, and medical and surgical techniques by an interdisciplinary team; (Shander, Aryeh. 2008. p. 42).

WHEREAS, MyBloodSite.com posts information regarding bloodless medicine and lists over 230 hospitals around the world, 167 within the United States, that have adopted "full blown Bloodless Programs" ("More Than", para. 9) for which nurses "need more than the typical training given in order to help the Bloodless Patient recover ("More Than", para. 19).

WHEREAS, The Institute for Patient Blood Management and Bloodless Medicine and Surgery at Englewood Hospital and Medical Center, NJ, received, on January 29, 2010, a \$4.69 million federal grant that "will provide training and instruction for military and civilian physicians and other health care providers" (Kim, 2010);

WHEREAS, The joint Commission, the American Nurses Association, and the Board of Registered Nurses have no specific statements in place regarding the practice of blood management and education of healthcare providers other than current blood transfusion standards; ([www.jointcommission.org](http://www.jointcommission.org); [www.nursingworld.org](http://www.nursingworld.org) ; [www.rn.ca.gov](http://www.rn.ca.gov) .) therefore be it

RESOLVED, that the CNSA advocate that guidelines be set for educational requirements for basic training for all nurses on the subject of blood management and transfusion alternative practices, to ensure that nurses can act as patient rights advocates and provide high quality care for the bloodless patient receiving blood transfusion alternatives; and be it further

RESOLVED, that the NSNA CNSA support policy development and encourage increased funding for training in order to provide the best quality care for patients, and be it further



RESOLVED, that the CNSA educate its constituents about blood management options and specific knowledge of care through publications in Range of Motion, educational sessions at conventions, if feasible and other means deemed appropriate by the NSNA CNSA; and be it further

RESOLVED, that the NSNA CNSA encourage the state board of nurses to set standards requiring that all nursing licensure programs include care guidelines for the bloodless patient patient receiving blood transfusion alternatives if feasible; and be it further

RESOLVED, that the NSNA CNSA send copies of this resolution to the American Nurses Association of California, the National League for Nursing, the California State Board of Nursing, the Joint Commission, and any others deemed appropriate by the CNSA Board of Directors