

Beebe Healthcare
Margaret H. Rollins School of Nursing
Nursing 102 – Nursing Care of Adults

2023 Volunteer Hours Experience

Indicate (✓): Either listed on pre approved activities ✓ OR Pre Approved (Date): _____

Volunteer activity: Whole Blood Donation @ Blood Bank of Delmarva (Newark DE)

Date of activity: 02/11/2023

Timeframe of activity: 11:00-12:00 Total hours = 1

Student signature: Courtney David

Community representative name: Donna (front desk)

Community representative phone number: 1-888-825-6638

Explain the rationale and/or benefits of this activity in respect to the community:

Donating blood allows for the chance to save someone's life in our community. Blood levels are critical in hospital right now which could result in less elective surgeries due to the blood shortage, or not being able to treat the patients that are need of blood transfusion in the hospital because we don't have the correct blood to match theirs due to the critical low levels of blood.

**STUDENT ELECTRONIC SIGNATURE ON THIS FORM VERIFIES ATTENDANCE.
COMMUNITY REPRESENTATIVE NAME AND PHONE NUMBER MUST BE
PROVIDED FOR PERIODIC AUDIT VERIFICATION PURPOSES.**

Submit this form via email or hard copy to Mrs. Zahner

Blood Bank of Delmarva
100 Hygeia Drive Newark, DE 19713
DONOR RECEIPT 12/09
Deferred until: 12/09
Hemoglobin: 14.5
Blood Pressure: 120/79
Contact your physician if your BP is greater than 160/90.
CHR
WB
THANK YOU FOR COMING TO DONATE BLOOD.
To ensure your well-being, we strongly request you remain in the refreshment area for at least 15 minutes.
To prevent faintness or dizziness we suggest the following:
• If your diet permits, we suggest you eat a salty snack within one refreshment area and increase your fluid intake by drinking at least 4 eight ounce glasses of water for 2 days.
• Avoid alcoholic beverages until after a meal and a nonalcoholic beverage.
• Avoid vigorous exercise, becoming overheated and long periods of standing for the rest of the day.
Keep your sleeves rolled above your elbows until you are ready to leave the refreshment area. Should bleeding from the venipuncture site occur, raise your arm and apply pressure until the bleeding stops.
if you have any questions about these instructions OR do not feel well, please notify our staff.
Contact Blood Bank of Delmarva at 302-737-7003 (800-533-6957):
• For any medical concerns or questions post-donation.
• If you feel your blood should not be given to a patient or if you experience signs or symptoms of illness - contact us and provide your blood unit number.
WK36923201415 APOS
DAVID COURTNEY MARIE

