Beebe Healthcare
Margaret H. Rollins School of Nursing

Volunteer Hours Form

Indicate (✓): Listed on pre-approved activities ✓ **OR** Pre-approved (Date)_____

Volunteer activity: Blood Donation

Date of activity: 4/20/24

Timeframe of activity: 11:30am - 2:10pm Total hours: 1

Student signature: Stevilyn Bell

Community representative name: Blood Bank of Delmarva

Community representative phone number: 302-737-7003

Description of Activity: Donated Whole 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 designated faculty member.

Blood Bank of Delmarva

100 Hygeia Drive · Newark, DE 19713

DONOR RECEIPT

Deferred until: _____

Hemoglobin: 14.1

Blood Pressure: 120/76

These results are for blood donation screening only and not to be used for diagnostic purposes.

04/26/2024

DOV

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 while in our 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.

Keep the bandage on and dry for at least 6 hours and try to

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**:

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BELL STEVIE L