

BEEBE HEALTHCARE  
MARGARET H. ROLLINS SCHOOL OF NURSING  
Nursing 202 – Advanced Concepts of Nursing  
Volunteer Form  
2025

Indicate (✓): Listed on pre-approved activities  or pre-approved by Mrs. Petito

Volunteer activity: Blood Donation

Date of activity: 3/3/25

Timeframe of activity: 3:30pm - 4:40pm Total Hours: 1

Student signature: Stuelyn Bell

Community Representative Name: Blood Bank of Delmarva

Community Representative Phone Number: 888-825-6638

Description of Activity: Donated whole blood

**\*ALL SUBMISSIONS MUST BE MADE ELECTRONICALLY VIA DROPBOX WITHIN ONE WEEK OF COMPLETING THE ACTIVITY, OR WITHIN ONE WEEK OF RETURN TO SCHOOL, IF COMPLETED BETWEEN SEMESTERS. VOLUNTEER HOURS SUBMITTED OUTSIDE OF THIS TIME FRAME WILL NOT BE ACCEPTED!\***

**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 Edvance360 Drop Box or hard copy to Mrs. Petito**



# Blood Bank of Delmarva

100 Hygeia Drive · Newark, DE 19713

## DONOR RECEIPT

03/03/2025

MID

WB

Deferred until: \_\_\_\_\_

Hemoglobin: 14.0

Blood Pressure: 132/86

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

### 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 avoid any heavy lifting for the rest of the day.

If you:

- smoke, please wait at least two hours.
- need to use the restroom while at the refreshment area, please make the canteen host aware.
- leave the donation site and feel weak, faint, lightheaded, nauseous or sweaty at any time – please sit and place your head between your knees or lie down with your feet elevated until assistance arrives and the feeling passes. Intermittent coughing will assist you to feel better while you remain seated.

See reverse for additional post-donation instructions.

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:**

W036925250671

APOS

BELL

STEVIE L

- If you have questions regarding deferrals and your status as a deferred donor, contact us Monday – Friday (8 am to 4 pm).

For general questions or comments or to make an appointment, please call 302-737-7003 (800-533-6957) or visit us at [www.delmarvablood.org](http://www.delmarvablood.org)

We welcome your feedback!

Thank you for giving the gift of life!