HSHGXFMR0108.indd 1

BINDING MARGIN – DO NOT WRITE IN THIS AREA

Print Media Group HSHGXFMR0108 01/16

Healthscope

BLOOD AND BLOOD PRODUCTS PRESCRIPTION AND TRANSFUSION RECORD

Red Text – Safety Stop Point
Patient must not proceed until complete

Attach patient identification label

Patient Details

UR Number: .....

Surname: .....

Name: .....

Date of Birth: ..... Gender: .....

Dr: .....

1. RIGHT TO TRANSFUSE – Decision to transfuse should be based on clinical assessment as well as test results

Transfusion Indications (✓) Prescriber to complete	Red Cells ☐ Hb……..g/L	Platelets ☐ Plt ……x10⁹/L	Fresh Frozen Plasma ☐ INR …… ☐ APTT……..	Cryoprecipitate ☐ Fibrinogen……..g/L	Other: ☐

Patient: ☐ stable ☐ unstable ☐ transfusion-dependent
Bleeding: ☐ rapid ☐ ongoing ☐ anticipated ☐ coagulopathy
Bone marrow: ☐ failure ☐ suppression
Symptoms: ☐ dyspnoea ☐ fatigue ☐ dizziness ☐ chest pain
Impairment: ☐ cardiac ☐ pulmonary ☐ cerebrovascular
Altered oxygen requirements: ☐ hypoxia ☐ sepsis ☐ anaesthesia
Anaemia ☐ **Anaemia secondary to blood loss** ☐
Other:

Urgency (✓)

☐ **Emergency** (critical or life-threatening)

☐ **Urgent** (clinical deterioration/potential for)

☐ **Non-urgent** (Start between 0700 and 1800)

☐ **Overnight** (After 1800 and before 0700)

Transfusion History (✓)

☐ **Previous transfusion/s** ☐ **NA**

Details: ……

☐ **History of transfusion reaction/s** ☐ **NA**

Reaction type: ……

2. RIGHT DOCUMENTATION AND PRE-TRANSFUSION (✓)

Pre-Transfusion Check (✓) Clinical staff member to complete

		Blood Product No. 1	2	3	4
	Informed consent obtained and documented. *If no, document reason:*				
	Transfusion written information provided to patient/advocate				
	Transfusion indication/s documented				
	IV access Adults:18-20G or larger; Children: 20-24G or larger				
	IV giving set approved for blood (including 170-200 micron filter)				

Staff Print name/ Signature: Date:

Two clinical staff must check and commence the same blood product at the bedside (✓)

3. RIGHT PATIENT full name, date of birth, gender +/- hospital record number (MRN)

4. RIGHT BLOOD PRODUCT on prescription, compatibility label & special requirements

5. RIGHT PACK compatible blood group of patient and donor, & identical donation number

6. RIGHT TIME Date and time on crossmatch and product not exceeded.

BLOOD PRESCRIPTION *Complete all sections*

Date	Blood Product	Vol.	Rate	Prescriber Signature / Print Name	Serial/ Batch No	Date/Time Start	Date/Time Finish	Bedside Check Print Name / Signature	Bedside Check Print Name / Signature	Transfusion Outcome i.e. (Repeat Hb Level)
	1.									
	2.									
	3.									
	4.									

Please use a new record for each transfusion episode i.e. when the indication and/or laboratory parameters have changed

8/01/16 11:32 AM

Healthscope

BLOOD AND BLOOD PRODUCTS PRESCRIPTION AND TRANSFUSION RECORD

Attach patient identification label

Patient Details

UR Number: .....

Surname: .....

Name: .....

Date of Birth: ..... Gender: .....

Dr: .....

NOTE: This form is to be used in conjunction with Healthscope Policy 8.64 Blood Transfusion – Management of Patient, Blood and Blood Products.

TRANSFUSION OBSERVATIONS - Record on observation chart (HMR 6.1A). Differentiate from other observations by writing '**Blood Obs**' on the chart above the observation period.

☐ **Record observations** temperature, pulse, respirations and blood pressure, and assessment of skin condition prior to and during transfusion (i.e. presence/absence of rash). Skin assessment is recorded in the 'Additional Observations' section of HMR6.1A:

- o **Baseline** within 1 hour prior to transfusion
- o **Direct visual patient observation for first 15 minutes** of each blood product transfused
- o **At 15 minutes** after commencement of each blood product
- o **Hourly for the duration of the transfusion**
- o **Post transfusion** on completion of administration of each blood product

Note: Follow recommended observations for specific products i.e. immunoglobulin

If any signs or symptoms of a TRANSFUSION REACTION occur:

☐ **STOP THE TRANSFUSION IMMEDIATELY**

☐ **Check vital signs,** provide emergency care and seek urgent medical advice, Rapid Response support as indicated by the clinical situation.

☐ **Maintain IV access** but do not flush existing line (use a new IV line if required).

☐ **Repeat all clerical and identity checks** of patient and blood product.

☐ **Notify the** treating medical officer and transfusion service provider.

☐ **Continue to monitor and record** temperature, pulse, respirations and blood pressure as well as colour and volume of any urine passed (looking for evidence of haemoglobinuria)

After the transfusion is ceased:

Send freshly collected blood and urine samples, blood product and IV line (connected, clamped and sealed for safe transport) as required by the transfusion service provider.

☐ 2 x 6mL EDTA – PINK
☐ 6mL clotted blood – RED
☐ 4.5mL Lithium Heparin – LIGHT GREEN
☐ All transfused blood packs and giving sets
☐ First post-transfusion urine specimen
☐ Blood cultures *if requested*

Complete for all Reactions:

1. Immediately report the reaction to the Transfusion Service Provider

2. Patient notes documentation of reaction details, treatment, investigations and outcome

3. RiskMan Notification

Transfusion Volumes and Time Limits

Blood Product	Unit Volume	Start Transfusion	Complete Transfusion
Red Cells	>220 mL	Within 30 min of leaving blood fridge	Within 4 hours of leaving blood fridge
Platelets	>160 mL	Immediately	As fast as tolerated, within 4 hours of leaving laboratory
Fresh Frozen Plasma	250 – 334 mL	Within 30 min of leaving blood fridge	As fast as tolerated, within 4 hours of leaving blood fridge
Cryoprecipitate	30 – 40 mL	Immediately	As fast as tolerated, within 4 hours of leaving laboratory

BINDING MARGIN – DO NOT WRITE IN THIS AREA