Te Whatu Ora Health New Zealand Waitaha Canterbury

(Attach Label Here or Complete Details)						
Name:			NHI:			
Gender:	DOB:	Age:	Ward:			

	Critical	O negative	units
(usi	ually 1-2 uni	ts whilst blood a	roup is determined)

RECORD OF ADMINISTRATION

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Component / Product to be	administere	d:		Patient	t Weight:	Kg	
Fresh Blood Components Red Blood Cells RBC Fresh Frozen Plasma FFP Platelets PLAT Cryoprecipitate CRYO Max 1-2 units will be issued unless discussed with Blood Bank Granulocytes BUFFYCOAT Cardiac Emergency Cardiac Anaesthetists - phone BB Obstetric Blood Box (Placenta percreta, increta, accreta)	RhD immur 250iu / 628 Circle dose Hepatitis im Zoster imm Tetanus imi Normal Imr	nmunoglobulin (IM) (Hunoglobulin (IM) (Zunoglobulin (IM) (To	ep lg) oster lg) et lg) ormal lg)	Privigen® Privigen® Gamunex Hizentra® Hizentra® Albumex®	® (IVIg) ® (IVIg) NZ (SCIg) (SCIg) 84 (IV)		
For massive bleeding please Double Independent Ch	<u> </u>				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Double Independent Checking at Bedside: (two signatures required by IV endorsed Clinical staff) ♣ Any Pre-med or special requirements? eg. diuretic, irradiated, blood warmer Patient ID - patient must be wearing a wristband or show photo ID Ask patient for full name & DOB Initials Initials Patient is unable to communicate Patient is unable to communicate Prescription is present and complete Patient ID matches wristband details Patient ID matches swing label Correct Component / Product Expiry date Patient ID matches wing label Inspect unit / product for colour and consistency RBC & Plasma compatibility chart (Patient blood group is available on HCS)							
Date required Requested by	Location	Product / Product Dose		e Rate	Start time	Finish time	
Return unused components or products of Print Name: 1st Checker:				Date: .	ONLY Init:		

2.	Double Inc	dependent C	hecking	at Bedside: (two sign	natures requ	iired by IV	/ endorsed Clii	nical staff)		
			_	\$? eg. diuretic, irradiated, b				,		
	•	-	•	band or show photo ID				ker		
		for full name & DC	_	•	nitials			stic		
of form.		itient ID matches w		Is 1st checker 2nd o	checker		ŝ	ere atch		
п.	Patient is u	Patient is unable to communicate formed Consent is valid and complete 1st checker 2nd checker					Attach swing label / batch label(s) here post transfusion (103mm x 54mm) For blood components place swing label here from each bottle to this section			
of form.	Informed Co									
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Pri	nt Name: 1 st Ch	necker:	2 ¹	nd Checker:		Time Is:	sued:	hrs		
3.	Double Inc	dependent C	hecking	at Bedside: (two sign	natures requ	ired by IV	/ endorsed Clii	nical staff)		
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