

NOTE:

- This document is for viewing only and must not be printed
- If you require this form for patient care, please order it from Corporate Express on your normal stationary order via Purchasing



Blood Products Administration Checklist

- Checks must be performed at the bedside
- The two people must check independently
- The Transfuser must be a doctor, IV certified nurse or midwife who will be responsible for monitoring the transfusion
- The Checker may be any of the above or a student nurse, anaesthetic technician, enrolled nurse, renal technician

- Both must sign that the patient identity has been confirmed – the right product for the right person
- Prior to transfusion check that
 - The consent for transfusion is current
 - The group & screen is current
 - T, P, BP & RR have been recorded within 30mins before transfusion

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____

MUST ATTACH PATIENT LABEL HERE



Check the following prior to transfusion AT THE BEDSIDE. Transfuse only if all steps complete.	Transfuser YES	Checker YES
1. Ask patient for full name & DOB		
OR	OR	
2. Patient is unable to provide identity		
Next Step: Confirm patient identity is the same as:		
3. Wristband*		
4. Swing tag		
5. Prescription		
Next Step: Product check:		
6. Product is the same as prescription		
7. Donation number matches swing tag		
8. Product not yet expired		
9. Product ABO compatible with patient		
Transfuser: <i>(Print name & sign)</i>		Checker: <i>(Print name & sign)</i>
Date:	Date:	
Start Time:	Finish Time:	

**REFER TO BLOOD RESOURCE FOLDER on ADHB INTRANET
* or Front Sheet if Surgical Safety Checklist**

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Attach swing tag here

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BLOOD PRODUCTS ADMINISTRATION CHECKLIST

CR9043

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