## A109 Blood Component & Product Transfusion Record

Surname: NHI:
First Names:
Date of Birth:// Sex:
PLACE PATIENT ID HERE

Capital & Coa

## CCDHB

- Make sure the patient has given informed consent before collecting/administering the transfusion.
- Chart to be sent to Blood Bank WHEN blood/product is required.
- All blood components/blood products must be double-checked with the patient at the bedside by two staff authorised to administer blood components/blood products.
- Commence blood transfusion within 30 minutes from time of issue from Blood Bank.
- Blood transfusion must be completed within four hours from time of issue from Blood Bank.
- Blood components/blood products must not be stored in ward refrigerator.
- For further information see CCDHB policy Blood component and blood transfusion and related procedures
- Make sure ward/department where blood is required is clearly documented.

Date:	Product required:	
/ /	Ordered by:	
/ /	Time issued:	
	Commenced by:	
Send blood	Checked by:	
to:	Start time:	Affix identification label from blood
	Finish time:	component/blood product here
Ward/	TWO PERSON CHECK AT BEDSIDE	
dept:	Consent Yes No	
	Prescription & component 🗌 Yes 🗌 No	In the event of a transfusion reaction,
Pod/	Patient states name & Yes No	attach label and note volume administered
rm:	ID wristband Yes No	
	Unit numbers on bag/label Yes No	
	Blood group on unit/label 🗌 Yes 🗌 No	
	Expiry on unit/bottle Yes No	
Date:	Product required:	
11	Ordered by:	
, ,	Time issued:	
Cond	Commenced by:	
Send blood	Checked by:	Affix identification label from blood
to:	Start time:	
	Finish time:	component/blood product here
Ward/	TWO PERSON CHECK AT BEDSIDE	
Ward/ dept:	TWO PERSON CHECK AT BEDSIDE Consent Yes No	
Ward/ dept:	ConsentYesNoPrescription & componentYesNo	In the event of a transfusion reaction,
dept: Pod/	ConsentYesNoPrescription & componentYesNoPatient states name & date of birthYesNo	In the event of a transfusion reaction, attach label and note volume administered
dept:	ConsentYesNoPrescription & componentYesNoPatient states name & date of birthYesNoID wristbandYesNo	,
dept: Pod/	Consent Yes No   Prescription & component Yes No   Patient states name & Yes No   date of birth Yes Yes	,
dept: Pod/	ConsentYesNoPrescription & componentYesNoPatient states name & date of birthYesNoID wristbandYesNo	,

A109 Blood Component and Product Transfusion Record - page 2

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First Names:	
Date of Birth://	Sex:
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/ /	Time issued:	
	Commenced by:	
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to:	Start time:	Affix identification label from blood
	Finish time:	component/blood product here
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Ward/ dept:	Consent Yes No	
	Prescription & component Ves No	In the event of a transfusion reaction,
	Patient states name & Yes No	attach label and note volume administered
Pod/ rm:	date of birth	
	ID wristband Yes No	
	Unit numbers on bag/label Yes No	
	Blood group on unit/label Yes No	
	Expiry on unit/bottle Yes No	
Date:	Product required:	
/ /	Ordered by:	
	Time issued:	
	Commenced by:	
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/ /	Time issued:	
	Commenced by:	
Send	Checked by:	
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to:	Finish time:	component/blood product here
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Ward/	Consent Yes No	
dept:	Prescription & component Yes No	In the event of a transfusion reaction,
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