

A109 Blood Component & Product Transfusion Record

CCDHB

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



- 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:	Affix identification label from blood component/blood product here In the event of a transfusion reaction, attach label and note volume administered
	Ordered by:	
	Time issued:	
	Commenced by:	
	Checked by:	
	Start time:	
	Finish time:	
Send blood to:	TWO PERSON CHECK AT BEDSIDE	
	Consent <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Prescription & component <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Patient states name & date of birth <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pod/rm: ID wristband <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Unit numbers on bag/label <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Blood group on unit/label <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Expiry on unit/bottle <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ward/dept:	
	Pod/rm:	

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Send blood to:	TWO PERSON CHECK AT BEDSIDE	
	Consent <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Prescription & component <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	Ward/dept:	
	Pod/rm:	

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	Prescription & component <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Pod/rm:		Patient states name & date of birth <input type="checkbox"/> Yes <input type="checkbox"/> No
			ID wristband <input type="checkbox"/> Yes <input type="checkbox"/> No
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