DOOFB

Orderly to collect this form from the ward/department prior to collecting all blood components & blood products from blood bank. This form can only be sent in the Lamson when requested to do by a Duty Nurse Manager or the Transfusion Medicine Scientists/Blood Bank Staff. SO

-ZmZOvZOn

via the operator out of hours for emergency work only Transfusion Medicine ext 8558 or Sat \leq

| onday to Friday | 08.00 to midnight |
|-------------------|----------------------|
| turday and Sunday | 09.00 to 17.00 hours |
| atutory holidays | 09.00 to 13.00 hours |

For further information refer to MDHB-1029

Sto

Blood Components and Blood Related Products-Collection and Administration"

Blood **Products** and Blood Components must never be stored in ward refrigerators

| Time Completed Start time I Please report any transfusion adverse reactions on NZBlood 11 Tome Transfusion Related Adverse Reaction Notification Form | | |
|---|---------------------------|---------------------|
| Start time | Sign Ti checked by c | Time issued |
| | | ward/ department |
| | | Send to |
| 0 | Expiry on unit/bottle | |
| it/label Blood Component of Blood Product nere | Blood group on unit/label |) 1 1 1 |
| | Unit number on bag/label | required |
| Affix compatibility swing label from the | ID wristband | / Product |
| ie & DOB | Patient states name & DOB | Component |
| | Prescription | |
| | Informed consent | |
| bedside Y/N | 2 person check at bedside | Date: |

Blood Affix compatibility swing label from the Component or Blood Product here

required

/ Product Component

ID wristband

Patient states name & DOB

Prescription Informed consent 2 person check at bedside

Send to

Sign

Start time

Expiry on unit/bottle Blood group on unit/label Unit number on bag/label

administered by

department

Time issued

Sign

Time

checked by

completed

Date:

N/N

N

Please report any transfusion adverse reactions on NZBlood 111F009 Transfusion Related Adverse Reaction Notification Form

111F009

20

| | Time issued | Send to ward/ | Date: Component / Product required | e : e : : | Date: Component / Product | Date: Component / Product required Send to ward/ department department | Date: Component / Product required Send to ward/ department Time issued |
|---|--------------------------------|--|---|---|---|---|---|
| - | Sign Time checked by completed | Sign Start time administered by | 2 person check at bedside Y/N Informed consent Prescription Patient states name & DOB ID wristband Unit number on bag/label Blood group on unit/label Expiry on unit/bottle | . : ☆ : ☆ | 2 person check at bedside Y/N Informed consent Prescription Patient states name & DOB ID wristband Unit number on bag/label | 2 person check at bedside V/N Informed consent Prescription Patient states name & DOB ID wristband Unit number on bag/label Blood group on unit/label Expiry on unit/bottle Expiry on unit/bottle Expiry on unit/bottle Expiry on Unit nime administered by Start time administered by Sign Time checked by Completed | 2 person check at bedside Y/N Informed consent Frescription Patient states name & DOB ID wristband Unit number on bag/label Blood group on unit/label Expiry on unit/bottle Expiry on unit/bottle Sign Start time administered by |
| | | Please report any transfusion adverse reactions on NZBlood 111F009 Transfusion Pelated Adverse Reaction Notification Form | Affix compatibility Blood Component | Please report any transfusion adverse reactions on NZBlood 111F009 Transfusion Related Adverse Reaction Notification Form | | Affix compatibility swing label from the Blood Component or Blood Product here ### Please report any transfusion adverse reactions on NZBlood 111F009 Transfusion Related Adverse Reaction Notification Form | Affix compatibility swing label from the Blood Component or Blood Product here 3 Please report any transfusion adverse reactions on NZBlood 111F009 Transfusion Related Adverse Reaction Notification Form |