

SURNAME		NHI
OTHER NAMES:	DOB:	AGE:
WARD:	CONSULTANT:	
ADDRESS:	PHONE NUMBER:	

Right Blood – Right Patient – Right Time – Right Reason

1. Prior to Requesting Blood from Blood Bank check:

- ☐ **Consent/Prescription:** signed & relevant written information provided
- ☐ **Pre-medications or special requirements required?** (e.g. diuretic, warmer, irradiation)
- ☐ **Patent venous access & blood infusion set with filter or neonatal filter:** in-situ
- ☐ **Baseline observations:** documented (up to 60 minutes prior)

2. Fractionated Plasma Request: (List requirements, otherwise go to 3.)

- | | |
|---|---------------------------|
| <input type="checkbox"/> IV Immunoglobulin: dose in grams: | to ward/unit: |
| <input type="checkbox"/> Albumin: % and dose required: | to ward/unit: |
| <input type="checkbox"/> Prothrombinex-VF: dose in IU: | to ward/unit: |
| <input type="checkbox"/> Anti-D: dose in IU: | to ward/unit: |
| <input type="checkbox"/> Other Product: | dose in IU: to ward/unit: |

3. Blood Issue Request and Record :

Please Send: to:

Blood Bank Use:

Issued by:

Date / Time:

Two Person Check at Bedside (tick)

- ☐ Ask for full name & DOB ☐ Unable to communicate
- ☐ Confirm patient ID/NHI are identical on wristband, drug chart (prescription), swing label & this form
- ☐ Check Unit/Batch numbers on Bag & Swing Label
- ☐ Check Blood Group on Bag & Swing Label
- ☐ Check Expiry on Bag/Bottle + Inspect Bag/Bottle
- ☐ Check Blood Prescribed/Consented

Date:

Transfused by: Checked by:

Start Finish

Time: Time:

Please Send: to:

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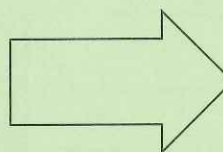
Date:

Transfused by: Checked by:

Start Finish

Time: Time:

1.

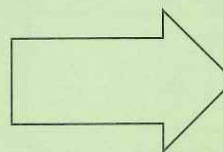


After Transfusion:

Attach Top Half of Compatibility Swing Label from Blood Component or Product here

In the event of a transfusion reaction please attach compatibility swing label here and note volume administered

2.



After Transfusion:

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In the event of a transfusion reaction please attach compatibility swing label here and note volume administered

Name: Sex: M/F NHI No:
Address: DOB:
..... Tel:
↑ stick patient label here (or fill in if no label available) ↑

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Blood Bank Use:

Issued by:

Date/Time:

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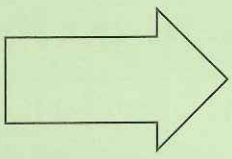
Date:

Transfused by: **Checked by:**

Start **Finish**

Time: **Time:**

3.



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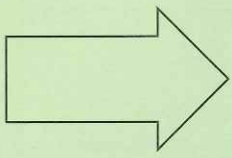
Date:

Transfused by: **Checked by:**

Start **Finish**

Time: **Time:**

4.



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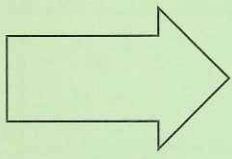
Date:

Transfused by: **Checked by:**

Start **Finish**

Time: **Time:**

5.



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