

Blood administration checklist

Patient Label

Name: _____

NHI: _____ DOB: _____ dd/mm/yy

Address: _____

- Checks must be performed at the bedside
- Both staff must check independently
- The transfuser must be a certified blood product nurse, midwife, doctor or anaesthetic technician who will be responsible for monitoring the transfusion
- The checker may be any of the above or an anaesthetic technician or enrolled nurse
- Both must sign that the patient identity has been confirmed
 - the right product for the right person
- Prior to transfusion check that
 - The written consent for transfusion is current
 - T, P, R and BP have been recorded on the observation chart within **60mins** before transfusion starts

Check the following prior to transfusion AT THE BEDSIDE.	Transfuser	Checker
Transfuse only if all steps complete. <i>(Initial or tick)</i>		
1. Has written consent been obtained?		
2. Ask patient for full name and DOB		
OR 3. Patient is unable to provide identity		
Next step: Confirm identity is the same as:		
4. Transcribe NHI here _____		
5. Wristband		
6. Swing label		
7. Prescription		
Next step: Product check		
8. Product is the same as prescription		
9. Donation number matches swing label		
10. Product not yet expired		
11. Product ABO compatible with patient		
IS IT SAFE TO PROCEED WITH TRANSFUSION?		
Transfuser: <i>(Print name and sign)</i>	Checker: <i>(Print name and sign)</i>	
Date: <i>(dd/mm/yy)</i>	Date: <i>(dd/mm/yy)</i>	
Start time: <i>(24 hour)</i>	Finish time: <i>(24 hour)</i>	

Report all
adverse events to
Blood Bank

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Transfuser: (Print name and sign) Checker: (Print name and sign)		
Date: (dd/mm/yy) Date: (dd/mm/yy)		
Start time: (24 hour) Finish time: (24 hour)		

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