

Waikato District Health Board
Te Hanga Whaioranga Mō Te lwi – Building Healthy Communities

Blood administration checklist

	Patient Label	
Name:	test details	
NHI:	or patient DOB:	
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 <u>60mins</u> before transfusion starts

Check the following prior to transfusion A	T THE BEDSIDE.	Transfuser	Checker	
Transfuse only if all steps complete.	(Initial or tick))		
Has written consent been	obtained?			
2. Ask patient for full name and	DOB			
OR 3. Patient is unable to provide in	dentity			
Next step: Confirm identity is the same	e as:			Attach swing labelthere.
4. Transcribe NHI here				ė
5. Wristband				2
6. Swing label				
7. Prescription				
Next step: Product check				
8. Product is the same as presc	cription			NS NS
9. Donation number matches sv	wing label			77 78
10. Product not yet expired				ta A ta
11. Product ABO compatible with	n patient			4
IS IT SAFE TO PROCEED WITH TRANS	SFUSION?			
Transfuser: (Print name and sign) Che	cker: (Print name and s	sign)		
Date: (dd/mm/yy) Date	: (dd/mm/yy)			
Start time: (24 hour) Finis	sh time: (24 hour)			
Check the following prior to transfusion A	T THE BEDSIDE.	Transfuser	Checker	
Check the following prior to transfusion A Transfuse only if all steps complete.	T THE BEDSIDE.		Checker	
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NHI:	or patient detail
Address:	

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Transfuse only if all steps comple	ete. (Initial or ti	ck)	
1. Has written conse	ent been obtained?		
2. Ask patient for full n	ame and DOB		
OR 3. Patient is unable to	provide identity		
Next step: Confirm identity is	the same as:		Attach swing label here.
Transcribe NHI here			9
5. Wristband			برقي رقع
6. Swing label			
7. Prescription			80 87
Next step: Product check			Q OF Q
8. Product is the same	e as prescription		80
9. Donation number m	natches swing label		240 16
10. Product not yet exp	ired		
11. Product ABO comp	atible with patient		•
IS IT SAFE TO PROCEED WIT	H TRANSFUSION?		
Transfuser: (Print name and sign)	Checker: (Print name an	nd sign)	
Date: (dd/mm/yy)	Date: (dd/mm/yy)		
Start time: (24 hour)	Finish time: (24 hour)		
Check the following prior to tran	sfusion AT THE BEDSIDE	Transfuser Checker	
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