EXAMPLE OF A BLOOD PRODUCTS ADMINISTRATION CHECKLIST

Check with your own DHB before using this form

- Checks must be performed at the bedside
- The two people must check independently
- The Transfuser must be a doctor, IV certified nurse or midwife who will be responsible for monitoring the transfusion
- The Checker may be any of the above or a student nurse, anaesthetic technician, enrolled nurse

Please attach patient label here

- Both must sign that the patient identity has been confirmed
 the right product for the right person
- Prior to transfusion check that
- o The consent for transfusion is current
- o The group & screen is current
- o T, P, BP & RR have been recorded within 30mins before o transfusion

Check the following prior to transfusion AT	THE BEDSIDE.	Transfuser	Checker	
Transfuse only if all steps complete.		(Yes)	(Yes)	
 Ask patient for full name & DOB 				
OR		0	R	
Patient is unable to provide identit	у			
Next Step: Confirm identity is the same as				ā
3. Wristband				here
4. Swing tag				tag k
5. Prescription				
Next Step: Product check				Attach swing
6. Product is the same as prescription				N
7. Donation number matches swing t	ag			Sι
8. Product not yet expired				acl
9. Product ABO compatible with patien	t			ıtt
IS IT SAFE TO PROCEED WITH TRANSFUSIO	N?			A
Transfuser: (Print name & sign)	Checker:(Print	name & sign)		
Date:	Date:			
Start Time:	Finish Time:			

CHECK WITH SOMEONE AND/OR REFER TO BLOOD RESOURCE WEBSITE FOR ANY UNCERTAINTIES

Check the following prior to transfusion AT TH	IE BEDSIDE.	Transfuser	Checker	
Transfuse only if all steps complete.		(Yes)	(Yes)	
 Ask patient for full name & DOB 				
OR	·	0	R	
2. Patient is unable to provide identity				
Next Step: Confirm identity is the same as:				re
3. Wristband				here
4. Swing tag				tag
5. Prescription				
Next Step: Product check				Attach swing
6. Product is the same as prescription				M _S
7. Donation number matches swing tag				ų V
8. Product not yet expired				ac
9. Product ABO compatible with patient				۸tt
IS IT SAFE TO PROCEED WITH TRANSFUSION?	•			•
Transfuser: (Print name & sign)	Checker:(Print i	name & sign)		
Date:	Date:			
Start Time:	Finish Time:			

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Transfuser: (Print name & sign)	Checker:(Print	name & sign)		
Date:	Date	:		
Start Time:	Finish Time	:		

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Check the following prior to transfusion AT THE BEDSIDE.	Transfuser	Checker	
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OR		OR .	
2. Patient is unable to provide identity			
Next Step: Confirm identity is the same as:			here
3. Wristband			he
4. Swing tag			38
5. Prescription			Attach swing tag
Next Step: Product check			ing.
6. Product is the same as prescription			, Ma
7. Donation number matches swing tag			у, Ц
8. Product not yet expired			ac
9. Product ABO compatible with patient			Αtt
IS IT SAFE TO PROCEED WITH TRANSFUSION?			`
Transfuser: (Print name & sign) Checker:(Print	name & sign)		
Date: Date			
Start Time: Finish Time	:		