

# EXAMPLE OF A BLOOD PRODUCTS ADMINISTRATION CHECKLIST

Please attach patient label here

## 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
- 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 transfusion

Check the following prior to transfusion AT THE BEDSIDE. Transfuse only if all steps complete.	Transfuser (Yes)	Checker (Yes)
1. Ask patient for full name & DOB OR		
2. Patient is unable to provide identity		
<b>Next Step: Confirm identity is the same as:</b>		
3. Wristband		
4. Swing tag		
5. Prescription		
<b>Next Step: Product check</b>		
6. Product is the same as prescription		
7. Donation number matches swing tag		
8. Product not yet expired		
9. Product ABO compatible with patient		
<b>IS IT SAFE TO PROCEED WITH TRANSFUSION?</b>		
Transfuser: (Print name & sign)	Checker:(Print name & sign)	
Date:	Date:	
Start Time:	Finish Time:	

Attach swing tag here

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

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