

Shrishankara Superspeciality Hospital

Plot No 58, Opposite Galaxy Hospital, Near Dr Ban's Prasad Hospital,
Old Borban Factory Area, Nanded. ☎96577 13801

BLOOD AND BLOOD PRODUCT TRANSFUSION RECORD

UID No: _____ IPD No: _____
Date & Time Of Admission: / / AM / PM
Patient's Name: _____ Age/Sex: _____
ICU/Ward/Room Consultant: _____
Diagnosis: _____ Bed No: _____

STICKER

Blood Transfusion ordered by:

Dr.

Blood Group of patient:

Cross matched: Yes / No

(If No: Reason:)

Type:

	WB		PRP
	PRC		Crypt
	FFP		Plasma
	PLT		Other

Fluid Volume Infused:

Blood bag details checked & B. T. Started by:

Dr.....

	Date	Time
Started at		
Completed at		

Frequency of Monitoring	Time	Temp	Pulse	R.R	B.P.	Urine Output	Observations/ Reaction	Remarks	Sign
PRE TRANSFUSION VITAL									
After 10 min									
After 20 min									
After 30 min									
After 1 hr.									
After 2 hrs.									
After 3 hrs.									
After 4 hrs.									
After Completion									

Any nursing / medical interventions undertaken due to transfusion:

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Blood transfusion reaction: Yes / No

	Name	Sign
RMO		
Nursing In-Charge		

Note: Follow transfusion guidelines on blood bag label

Any reaction should be immediately informed to RMO & Quality dept.