**BLOOD TRANSFUSION FORM**

Patient’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_age \_\_\_\_\_\_\_\_\_\_ IPD no \_\_\_\_\_\_\_\_\_ Patient blood group \_\_\_\_\_\_

Issued blood group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued blood product \_\_\_\_\_\_\_\_\_\_ unit no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collection date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ expiry date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood product status : HIV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HBsAg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HCV \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indication for transfusion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adverse reaction

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paste the blood product sticker here

Treatment given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vitals before starting blood transfusion :

Temperature \_\_\_\_\_\_\_\_\_\_\_ pulse \_\_\_\_\_\_\_\_\_\_ / min Bp\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mm of Hg RR \_\_\_\_\_\_\_\_\_\_/ min

Vital during blood transfusion :

Temperature \_\_\_\_\_\_\_\_\_\_\_ pulse \_\_\_\_\_\_\_\_\_\_ / min Bp\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mm of Hg RR \_\_\_\_\_\_\_\_\_\_/ min

Vital after blood transfusion :

Temperature \_\_\_\_\_\_\_\_\_\_\_ pulse \_\_\_\_\_\_\_\_\_\_ / min Bp\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mm of Hg RR \_\_\_\_\_\_\_\_\_\_/ min

Doctors signature:

Doctors Name: