

Resuscitation Equipment Checked

Baseline Observation Checked

Yes □

Yes □

				Nonconti	fusions are not to be			00.00						
				AND A DECEMBER OF THE PROPERTY OF THE PARTY	fusions are not to be co	ommenced betv								
Blood Component/Product prescription – medical officer to complete							To be completed by persons administering component/product							
Date to be	Blood Component/Product	Dose	Rate	Medical Officer Name	Medical Officer Signature	Unit number / Batch Number	Start Time	Finish Time	Bedside Patient and Product Checked Person Spiking Component/Product RN/MO Person Checking Component/Pro				Volun	
administered	1998 (8-16-94-5								Print Name	Sign	Print Name	Sign	Give	
	17 Williams	36 LITERS	MATE LESS							nel pelotari	The section of the			
								and the same of the	e nemeral.					
							100000000000000000000000000000000000000	cos Chasti	CHEST NAME OF THE PARTY	cap ma cost a	Have the men		C.Qr	
	TRANSFUSE	ONE U	NIT. TH	IEN REASSESS TI	HE PATIENT FOR C	LINICAL SYI	мртомя	BEFOR	E TRANSFUS	SING AND	OTHER			
		yana kana barin							Charles and the Control of the Contr	1	Law in the law in the same of the	OBS FORM		
DATE:			COMMENTS			OBSERVATION FOR TRANSFUSION TO BE WRITTEN ON DANGER OBS FORM Patient must be observed and monitored for the first fifteen minutes of each blood product								
I. DONOR NUMB	ER			O MINIER		I STATE OF THE PARTY OF THE PAR				irst fifteen n	ninutes of e	ach blood pro	duct	
PRE TRANSFUSION CHECKLIST SIGN						TIMES TO BE RECORDED ARE AS FOLLOWS:								
Completed Prior to collecting blood products) Consent form completed Yes				memos minerios s	almo texto its in the same	BASELINE		and the state		Ye		lapsi.		
Consent form compl	a successive	All and the second			START TIME				Ye					
Blood Component/P					15 MINUTE			202	Ye	, ,	l _{our f}			
dentification Band Insitu Cannula/CVAD patent Yes □ Yes □					And desired the second second	60 MINUTE			Ye]			
Cannula/CVAD pater					2 HOURS			9	Ye					
Resuscitation Equipment Checked Yes		CEASE NOTE OF			ACCUMENT OF THE POST OF	3 HOURS			4	Ye				
Baseline Observation	Checked Yes 🗆					COMPLET				Ye	,0			
ATE:			3 ' ° .			OBS	SERVATION	FOR TRAN	SFUSION TO BE	WRITTEN O	N DANGER	OBS FORM		
2. DONOR NUMBER			COMMENTS		Patient must be observed and monitored for the first fifteen minutes of each blood product									
PRE TRANSFUSION CHECKLIST SIGN						TIMES TO BE RECORDED ARE AS FOLLOWS:								
Completed Prior to	Martin N. C.L.	ALE STORY	with challer manner at label	oreo el Cilia de California de	BASELINE			1	Ye	es [
Consent form compl		A STATE OF THE STATE OF		Analysis Toleran	START TIME			balletinas mutasta	Ye		li natina somem			
Blood Component/Product Prescribed Yes		GOT TOWN		mornero alla el mesallo mesallo	eroene sin	15 MINUTE			tam a Revolucite Coroli	Ye		le cello lingo itto	Žis esi	
dentification Band Insitu Yes		entra fra	kalikut io	missignesQ, necestrom-pa	spend and of the	60 MINUTE			er en die affermation to	Ye	es	lement root had	ad enia	
Cannula/CVAD pater	t Yes □	1,750 V 74				2 HOURS				Ye	es			
Resuscitation Equipr	nent Checked Yes	VINCENT			SATELE GREEN TO THE STREET	3 HOURS		250.02		Ye	es		41:033.507	
aseline Observation Checked Yes						COMPLET	TION			Ye	es]		
	Superior de la companya del companya de la companya del companya de la companya d	Sandarde (C)			The state of the s	OBS	SERVATION	FOR TRAN	SFUSION TO BE	WRITTEN C	N DANGER	OBS FORM		
DATE:			distribution in	COMMEN	TS	Patient must be observed and monitored for the first fifteen minutes of each blood pr					duct			
3. DONOR NUMBER						19 Co. 10					duct			
PRE TRANSFUSION CHECKLIST (Completed Prior to collecting blood products)		SIGN	20,757	Surviving State Co.	Bunkeline D	TIMES TO BE RECORDED ARE AS FOLLO			S FOLLOWS:	\/-				
Automotive and the second second			200 L	080000		BASELINE			AND AND THE STATE OF	Ye			and the	
Consent form comple				STATE OF THE STATE		START TIM		12		Ye			10 alas	
Blood Component/P dentification Band		TOTAL TOTAL			V BOURDESTAND	15 MINUT 60 MINUT				Ye Ye				
Cannula/CVAD pater		BLOOK I				2 HOURS				Ye			33456	
Resuscitation Equipr		St. Fr. und			Asset	3 HOURS			- Taleschicker griging	Ye	,0			
Baseline Observation						COMPLET	ION		Tempo mán os restas	Ye	,,,]		
	163	March Le						EOD TDAN	SFUSION TO BE				TOTAL VALUE	
ATE:			E 1995 - 12.	COMMEN	TQ					March Control of the	THE PERSON NAMED IN THE PE	THE REPORT OF THE	in Cont	
. DONOR NUMB	ER			CONINIEN		Patient m	ust be obse	rved and m	onitored for the f	irst fifteen n	ninutes of e	ach blood pro	duct	
PRE TRANSFUSION	CHECKLIST	SIGN		19		TIMES TO	BE RECOF	DED ARE A	S FOLLOWS:	epoper harman				
(Completed Prior to collecting blood products)		E 13 Sec. 1		7403NJ 40808		BASELINE				Ye	es [j listiker i	G THUR	
Consent form compl	eted Yes 🗆			the same of the sa		START TIM		944 - NJ 224 FA		Ye				
Blood Component/P		Part of				15 MINUT			s all in Pookl sur	Ye		in size ye encore	ripenie	
dentification Band		200		and the same of th		60 MINUT	E		*	Ye		la militarique i	int and	
Cannula/CVAD pater	Yes 🗆	37 - 1		1000		2 HOURS	- 5.			Ye	es [- 23	
ocupaitation Equipr	nont Chooked	1				2 HOUDE				1/0		7		

3 HOURS

COMPLETION

Yes

Yes