

M.R.N.									
SURNAME..... D.O.B.....									
SEX									
OTHER NAMES .....									

Non urgent transfusions are not to be commenced between 17:00-08:00

Blood Component/Product prescription – medical officer to complete						To be completed by persons administering component/product							
Date to be administered	Blood Component/Product	Dose	Rate	Medical Officer Name	Medical Officer Signature	Unit number / Batch Number	Start Time	Finish Time	Bedside Patient and Product Checked				Volume Given
									Person Spiking Component/Product RN/MO		Person Checking Component/Product		
									Print Name	Sign	Print Name	Sign	

TRANSFUSE ONE UNIT, THEN REASSESS THE PATIENT FOR CLINICAL SYMPTOMS BEFORE TRANSFUSING ANOTHER

DATE: .....			COMMENTS		OBSERVATION FOR TRANSFUSION TO BE WRITTEN ON DANGER OBS FORM			
1. DONOR NUMBER.....					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 collecting blood products)					BASELINE Yes <input type="checkbox"/>			
Consent form completed Yes <input type="checkbox"/>					START TIME Yes <input type="checkbox"/>			
Blood Component/Product Prescribed Yes <input type="checkbox"/>					15 MINUTE Yes <input type="checkbox"/>			
Identification Band Insitu Yes <input type="checkbox"/>					60 MINUTE Yes <input type="checkbox"/>			
Cannula/CVAD patent Yes <input type="checkbox"/>					2 HOURS Yes <input type="checkbox"/>			
Resuscitation Equipment Checked Yes <input type="checkbox"/>					3 HOURS Yes <input type="checkbox"/>			
Baseline Observation Checked Yes <input type="checkbox"/>					COMPLETION Yes <input type="checkbox"/>			
DATE: .....			COMMENTS		OBSERVATION FOR TRANSFUSION TO BE WRITTEN ON DANGER OBS FORM			
2. DONOR NUMBER.....					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 collecting blood products)					BASELINE Yes <input type="checkbox"/>			
Consent form completed Yes <input type="checkbox"/>					START TIME Yes <input type="checkbox"/>			
Blood Component/Product Prescribed Yes <input type="checkbox"/>					15 MINUTE Yes <input type="checkbox"/>			
Identification Band Insitu Yes <input type="checkbox"/>					60 MINUTE Yes <input type="checkbox"/>			
Cannula/CVAD patent Yes <input type="checkbox"/>					2 HOURS Yes <input type="checkbox"/>			
Resuscitation Equipment Checked Yes <input type="checkbox"/>					3 HOURS Yes <input type="checkbox"/>			
Baseline Observation Checked Yes <input type="checkbox"/>					COMPLETION Yes <input type="checkbox"/>			
DATE: .....			COMMENTS		OBSERVATION FOR TRANSFUSION TO BE WRITTEN ON DANGER OBS FORM			
3. DONOR NUMBER.....					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 collecting blood products)					BASELINE Yes <input type="checkbox"/>			
Consent form completed Yes <input type="checkbox"/>					START TIME Yes <input type="checkbox"/>			
Blood Component/Product Prescribed Yes <input type="checkbox"/>					15 MINUTE Yes <input type="checkbox"/>			
Identification Band Insitu Yes <input type="checkbox"/>					60 MINUTE Yes <input type="checkbox"/>			
Cannula/CVAD patent Yes <input type="checkbox"/>					2 HOURS Yes <input type="checkbox"/>			
Resuscitation Equipment Checked Yes <input type="checkbox"/>					3 HOURS Yes <input type="checkbox"/>			
Baseline Observation Checked Yes <input type="checkbox"/>					COMPLETION Yes <input type="checkbox"/>			
DATE: .....			COMMENTS		OBSERVATION FOR TRANSFUSION TO BE WRITTEN ON DANGER OBS FORM			
4. DONOR NUMBER.....					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 collecting blood products)					BASELINE Yes <input type="checkbox"/>			
Consent form completed Yes <input type="checkbox"/>					START TIME Yes <input type="checkbox"/>			
Blood Component/Product Prescribed Yes <input type="checkbox"/>					15 MINUTE Yes <input type="checkbox"/>			
Identification Band Insitu Yes <input type="checkbox"/>					60 MINUTE Yes <input type="checkbox"/>			
Cannula/CVAD patent Yes <input type="checkbox"/>					2 HOURS Yes <input type="checkbox"/>			
Resuscitation Equipment Checked Yes <input type="checkbox"/>					3 HOURS Yes <input type="checkbox"/>			
Baseline Observation Checked Yes <input type="checkbox"/>					COMPLETION Yes <input type="checkbox"/>			