l	INIVER	YTIZ	MEDICAL	CENTER

Before starting transfusion	on, I certify that I h	nave identified the recipient be the same unit number, ABO	ly inspection of the wrist aroun and RH as stated	on this form				
Training Sorary tract the C	onor unit laboritas	the same unit number, Abo (group and thi as stated	on this lotti.				
	ISFUSIONIST		E & TIME STARTED		V	ERIFIED BY		
VIIAL SIGNS: Pre		15 min, q half hr., F						
DDC TDANGELIGION	TIME	TEMPÉRATURE	PULSE	RESPIRATORY RATE	BLOOD PF	RESSURE	NURSI	EINITIAL
PRE-TRANSFUSION								
15 MINUTES					2			
1/2°								
10								
1 1/2°								
2°								
2 1/2°							4	
3°						ľ		
					,			
3 1/2°						1		
3 1/2° 4°			, w. :					
							0	
4° POST-TRANSFUSION	l Von			D No.			•	
4° POST-TRANSFUSION	I Yes	TRANSFUSIONIST	DATE & TIME	No	ANSFUSIONIST		DATE (& TIME
4° POST-TRANSFUSION REACTION?			S TO NURSI				DATE (& TIME
POST-TRANSFUSION REACTION? F YOU SUSPECT STOP the transform Call physician to the will respond B Call the Blood B Complete the clip of the clip	A POSSIBLE usion immedia evaluate the rito oral or intrank iMMEDIAT nical symptonal copy of this y labeled postcomponent uniansfusion bloo	TRANSFUSION REA tely. Keep the IV oper eaction. If there is a m amuscular antihistam ELY to verbally report as below. report on the patient's transfusion blood spet t aseptically. (This ap	CTION: n with a slow drip nild urticarial react ines. For all other the possible react s chart. ecimen for Blood to plies to whole blo ponent bag, and a	of normal saline. ion alone, one can contypes of reactions DO tion. ank testing. od, packed cells, plate copy of this report to the	Tinue with the NOT continue	e the transi P) nk ASAP.	on of the	
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