

Instructions: Use separate form for each blood product
Transfusion Consent Form Signed: Yes, proceed No, Stop / get signed

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> ABO & RH 4020002, 4020310 | <input type="checkbox"/> Crossmatch AHG 4020037 | <input type="checkbox"/> Fresh Frozen Plasma 4110009 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Antibody Screen 4020007 | <input type="checkbox"/> Packed RBC 4110003 | <input type="checkbox"/> FFP Thawing 4110001 X _____ units | |
| <input type="checkbox"/> Crossmatch IS 4020532 | <input type="checkbox"/> Whole Blood 4110006 | <input type="checkbox"/> Platelets 4110011 | |
| <input type="checkbox"/> Crossmatch INC 4020533 | <input type="checkbox"/> Rhogam 4020100 | <input type="checkbox"/> Platelet Pooling 4110002 X _____ units | |

Indication For Transfusion (Check one or more boxes. Fill in most recent lab results.)
 Blood Loss Amount (est) _____ ml Anemia hemoglobin _____ g/dl Hemostasis Defect Platelet Count _____ ul
 Hypovolemia B.P. _____ PT _____ sec PTT _____ sec Pulse _____
 Other diagnosis _____

Saline IV should be started PRIOR to picking up blood. If blood cannot be started immediately, return to Blood Bank within 15 minutes of sign out time. (Do not put blood in unit refrigerator.)

Patient's ABO & Rh _____ Unit I.D. # _____ Date _____ Comments: _____
 Donor's ABO & Rh _____ Exp. Date _____ Time _____
 Patient's B.B. # _____ Compatability _____ Tech _____

Date & Time Removed From Blood Bank (To be completed by BB Personnel)	Date _____ Donor Type _____	Inspected & Issued By _____ Accepted By _____
	Time _____ Unit _____	
	Recipient Type _____ Exp. Date _____	

Pre Transfusion Meds _____

We certify that before starting this transfusion, we have checked the blood unit label, the Blood Bank label, the patient's wristband, and have verified the patient's name and I.D. number on the label against the wristband.

Signature _____ RN Witness _____

Pretransfusion	Time	Temp	Pulse	Blood Pressure	Blood Warmer Temp
	START				
During Transfusion	15 mins.				
	30 mins.				
	1 hour				
	2 hour				
	3 hour				
Post Transfusion	4 hour				
	Immed				
	1 hour				

During Transfusion, observe patient for the following symptoms of reaction:
Class I Hives Itching
Class II Temperature elevation of 2°F or more, severe shaking, chills, flushing, nausea / vomiting, headache, increased pulse rate of more than 20 beats per minute above base line, back pain / joint pain, anxiety, dark or bloody urine, decreased urine output, skin hemorrhages, jaundice, decreased blood pressure / shock, sweating, shortness of breath, chest pain, oozing from wound or venipuncture site.
Treatment If above symptoms occur:

	TIME	INITIALS
1) STOP Transfusion		
2) Disconnect transfusion administration set		
3) Keep IV open with NS		
4) Notify MD STAT		
5) Notify LAB STAT		

List Symptoms: _____

Blood and Derivatives expire 4 hours after removing from Blood Bank. Transfusion must be completed or stopped at that time.

Time Transfusion stopped: _____ Amount given _____ ml Signature: _____

Did patient display any symptoms of transfusion reaction? No Yes, follow transfusion reaction instructions