

# BLOOD PRODUCT – TRANSFUSION RECORD



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## Transfusion Record Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
MR #: \_\_\_\_\_  
Location: \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Messages: \_\_\_\_\_

## Unit Information

Patient ABORh	:	Unit #	:
Donor ABORh	:	Product	:
Compatibility test	:	Volume	:
BB ID#	:	Exp.Date	:
Date / Tech	:	Visual Inspection	:
Order #	:	Antigen	:
		Attributes	:

Comments : \_\_\_\_\_

## Issue/Transfusion Information

Issue Date + Time : \_\_\_\_\_ Tech : \_\_\_\_\_

We certify before transfusion that

1. All information identifying the donor unit and recipient has been matched in the presence of the recipient. initials here \_\_\_\_\_
2. Patient ABORh on this slip and Donor ABORh on the blood unit label are compatible. initials here \_\_\_\_\_
3. BB ID # on patient BB ID bracelet, on this slip, and on the blood unit label are identical. initials here \_\_\_\_\_
4. Unit # on this slip and on the blood unit label are identical. initials here \_\_\_\_\_
5. Compatibility result on this slip has been verbally stated for red cells. initials here \_\_\_\_\_

Signature(s) RN1 \_\_\_\_\_ RN2/LPN \_\_\_\_\_  
(transfusionist) (verifier)

## Fill in at Time of Transfusion

BB ID # from bracelet EME1234 Write BB ID # from unit of blood EME1234 Write BB ID # from product not the unit number  
Date Transfused \_/\_/ Enter date here Time Started \_: time started Signature \_\_\_\_\_ sign here

	Temp.	Pulse	Resp.	BP	Flow Rate
Pre-Transfusion	<span style="background-color: yellow; padding: 2px;">_____</span>	<span style="background-color: yellow; padding: 2px;">_____</span>	<span style="background-color: yellow; padding: 2px;">_____</span>	<span style="background-color: yellow; padding: 2px;">_____</span>	<span style="background-color: yellow; padding: 2px;">_____</span>
15 min.	<span style="background-color: yellow; padding: 2px;">_____</span>	<span style="background-color: yellow; padding: 2px;">_____</span>	<span style="background-color: yellow; padding: 2px;">_____</span>	<span style="background-color: yellow; padding: 2px;">_____</span>	<span style="background-color: yellow; padding: 2px;">_____</span>
Post-Transfusion	<span style="background-color: yellow; padding: 2px;">_____</span>	<span style="background-color: yellow; padding: 2px;">_____</span>	<span style="background-color: yellow; padding: 2px;">_____</span>	<span style="background-color: yellow; padding: 2px;">_____</span>	<span style="background-color: yellow; padding: 2px;">_____</span>

Time Ended \_: enter time here Volume transfused : \_\_\_\_\_ enter volume transfused here  
Transfusion Reaction: N Y Report Sent Signature \_\_\_\_\_ If Transfusion reaction Circle N (NO)  
If there is one circle Y (YES) sign here  
PT teaching provided per guideline Yes \_\_\_\_\_ NO \_\_\_\_\_  
Check mark Yes here.