

# BLOOD TRANSFUSION RECORD

Gate/Dept..... Division..... Building..... Consultant.....	Affix patient demographic label here or complete below: <b>Surname:</b> ..... <b>DoB:</b> ..... <b>First Name(s):</b> ..... <b>Patient No:</b> ..... <b>Weight:</b> .....kg
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## 1. Decision to Transfuse (National indications available via 'Blood Components' app)

Indication..... Diagnosis.....

Pre-transfusion Hb / plt count ..... Target Hb / plt count .....

Is the patient actively bleeding? Yes / No      If No – see below:

Have alternatives been considered? Yes / No      Consider transfusion triggers\* & single unit transfusion\*\*

\*A Hb threshold of <70g/l (<80g/l in older patients or with known/likely cardiovascular disease) is recommended unless symptomatic or bleeding.

\*\*A rise of ~10g/L is expected per RBC unit for a 70-80kg patient. Repeat Hb & re-assess after each unit transfused when no significant bleeding.

## 2. Patient Information and Verbal Consent

I have explained the indication, risks / benefits, alternatives and provided relevant information leaflet(s)

This patient has verbally agreed to transfusion of the blood component(s) described

This patient lacks capacity to consent and a best interest decision has been recorded in patient record

This patient has not provided consent because .....  
and must be provided information prior to / at discharge

Date ..... Staff signature..... Print name .....

## 3. Prescription

I confirm that in my professional opinion this transfusion is clinically indicated:

Product and amount	Date for infusion	Special requirements (see reverse of request form)	Rate	Prescribing Doctor (name, sign, date, time, bleep)

## 4. Transfusion-Associated Circulatory Overload (TACO) Checklist

N.B. Neonates may have different risks for TACO – calculate dose by weight and observe notes below

Checklist	RBC for non-bleeding patients
	- Does the patient have a diagnosis of 'heart failure' i.e. congestive cardiac failure (CCF), severe aortic stenosis or moderate / severe left ventricular dysfunction? - Is the patient on a regular diuretic?
	- Is the patient known to have pulmonary oedema? - Does the patient have respiratory symptoms of undiagnosed cause?
	- Is the fluid balance positive? - Is the patient on concomitant fluids (or has been in last 24 hours)? - Is there any peripheral oedema? - Does the patient have hypoalbuminaemia or renal impairment?

If 'yes' to any of these questions:

- Review the need for transfusion (do the benefits outweigh the risks)?
- Can the transfusion be safely deferred until the issue can be investigated, treated or resolved?
- Consider body weight dosing for red cells (especially if low body weight)
- Transfuse one unit RBC and review symptoms of anaemia
- Measure the fluid balance
- Consider giving a prophylactic diuretic
- Monitor vital signs closely, including oxygen saturation

5. **Pre-transfusion Checklist** (to be completed for ALL blood component transfusions)

	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6
<b>Paperwork Checks</b>						
- Patient ID on the front of this Blood Transfusion Record matches patient ID band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Decision for transfusion documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Consent documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Prescription checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Blood Unit Checks</b>						
- Expiry date and visual check (leaks / clots / colour)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Blood group and donation number identical on blood unit and blood compatibility label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Special requirements checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Patient ID Checks</b>						
- Verbal patient ID plus unique patient number matches on ID band and blood compatibility label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Observations (on NEWS2 chart)</b>						
- Record before collection, within 15 minutes and at the end of every unit as a minimum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Record of Administration** (to be completed for ALL blood component transfusions)

Blood Unit Details (please affix sticker from blood compatibility label below)	Checked and administered by (print name and sign)	Date	Time	Location	Volume transfused (ml)
Unit 1			Started:		
			Ended:		
Unit 2			Started:		
			Ended:		
Unit 3			Started:		
			Ended:		
Unit 4			Started:		
			Ended:		
Unit 5			Started:		
			Ended:		
Unit 6			Started:		
			Ended:		