McLAREN CENTRAL MICHIGAN
1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

BLOOD TRANSFUSION RECORD

PATIENT LABEL

TRANSFUSERS MUST COMPLETE

Bedside Verification

We have verified that:

1.) The recipient's name and blood bank bracelet number on the recipient's blood bracelet matches the corresponding information on this form.

2.) The donor unit number and blood product name on the bag label match the corresponding information on this form.

3.) The donor and recipient blood groups are compatible, and

4.) This blood product is not outdated.

Transfusion started by:

Double checked by:

Date and time begun ___/___/___ A.M. P.M.

Is blood to be irradiated? ☐ Yes ☐ No

Is blood to be filtered? ☐ Yes ☐ No

Is blood to be warmed? ☐ Yes ☐ No

If yes, temperature of warmer_____

Patient		Birthday
Hospital Number	Sex/Age	BB ID#
RECIPIENT ABO/Rh		DONOR ABO/Rh
Component/Volume		Donor Unit Number
Crossmatch		Unit Expiration Date

Date	Time	Crossmatch Tech.	Nurse Initials	Physician

Issued By	Date
Issued To	Time

This unit will no longer be available for this patient after_____

VITAL SIGNS

		TIME	TEMP.	BLOOD PRESSURE	PULSE
PRE-TRANSFUSION					
DURING TRANSFUSION	15 min.				
	1 hr.				
	2 hr.				
	3 hr.				
	4 hr.				
POST TRANS.	Immed.				

No reaction ☐ | Date and time completed: ___/___/___ A.M. P.M. | Amount administrated ☐ All ☐ Part_____ estimate

SIGNATURE OF NURSE COMPLETING RECORD

X

PHYSICIAN/NURSE RESPONSIBILITIES WHEN REPORTING A SUSPECTED TRANSFUSION REACTION

REACTIONS

Temp_____ Chills_____ Hives_____

Hematuria_____ Flank Pain_____ Other_____

Note: A temperature rise of 2.0° F is a febrile response.

1. Stop the transfusion. Clamp off blood but do not remove from IV tubing, open saline line.
2. Immediately verify identification of unit and patient.
3. Notify patient's physician. Time:_____
4. Notify the Blood Bank.
5. Complete the Transfusion Reaction Workup form indicating a possible reaction and send to the blood Bank.
6. In your computer, order Transfusion Reaction Workup test. Appropriate blood samples will be drawn by the Phlebotomy staff.
7. Blood Bank will call floor after initial testing. If no hemolytic reaction, treat patient and restart same unit.
8. If Hemolytic Transfusion Rx: Stop blood and send unit and tubing to blood Bank. TREAT PATIENT IMMEDIATELY.

COMMENTS:

3120B

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