McLAREN CENTRAL MICHIGAN

1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

BLOOD TRANSFUSION RECORD

				PATIENT LABEL									
		TRANSFU	ISERS MUST	Patient Birthday						/			
			edside Verificat	Hospital Number Sex/Age				:	BB ID#				
		erified that: cipient's name and	I blood bank bro										
,	blood b	racelet matches the	he correspondin	RECIPIENT ABO/Rh DONOR ABO/Rh									
,	the corr	nor unit number a	ation on this forr	Component/Volume Donor Unit Number									
		nor and recipient bood product is not		Crossmatch Unit Expiration Date									
	sion starte			Date	Time	Crossmatch	Tech	Nurse Init	tials I	Physician			
				. Build	Time	Orodomaton	rcon.	rturoc iiii		Tiyoodii			
Double checked by: Date and time begun A.M. P.M.													
		e irradiated? e filtered?	☐ Yes	Issued To Time									
ls blo	od to b	e warmed?	☐ Yes	This unit will no longer be available for this patient after									
If yes	s, tempe	erature of warm				PHYSICIAN/NURSE RESPONSIBILITIES WHEN REPORTING A SUSPECTED TRANSFUSION REACTION							
			VITAL SIGNS		l			REAC					
TIME TEMP. BLOOD PRESSURE PULSE						Temp C	hills	Hives	<u> </u>				
PRE- TRAN	SFUSION					Hematuria	Flank	Pain	c	ther_			
_	15 min.					Note: A temper	rature ris	e of 2.0°	Fisa	a febri	le res	sponse.	
DURING TRANSFUSION	1 hr.						ne transfusion. Clamp off <u>blood</u> but do not remove from IV open saline line.						
IRAN	2 hr.					2. Immediately	mmediately verify identification of unit and patient.						
SNI	3 hr.					3. Notify patient's physician. Time:							
DUR	0 1					4. Notify the Blood Bank.							
⊢⊗	4 hr.						e the Transfusion Reaction Workup form indicating a reaction and send to the blood Bank.						
POST TRANS.	Immed.					6. In your comp							
No reaction Date and time completed: Amount administrated A.M.						Appropriate blood samples will be drawn by the Phlebotomy staff. 7. Blood Bank will call floor after initial testing. If no hemolytic							
SIGNA	TURE OF	NURSE COMPLETING	RECORD	reaction, treat patient and restart same unit. 8. If Hemolytic Transfusion Rx: Stop blood and send unit and tubing									
X						to blood Ban	k. TREAT	PATIEN	TIMN	1EDIA	TELY.		
CON	MENT	S:						-					
				-									
				-									
				-									
l													

McLAREN CENTRAL MICHIGAN

1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

BLOOD TRANSFUSION RECORD

				PATIENT LABEL										
TRANSFUSERS MUST COMPLETE						Patient Birthday								
			Sedside Verificat		-									
We	have ve	erified that:		Hospital Number Sex/Age				е	BB ID#	#				
1.)		cipient's name and racelet matches t		RECIPIENT ABO/Rh DONOR ABO/Rh										
2.)		nor unit number a responding inform		Component/Volume Donor Unit Number										
		nor and recipient ood product is not		Crossmatch Ur				Init Expiration Date						
	usion starte			Date	Time	Crossmatch	Tech	Nurse In	itials	Physician				
					10	or occiniation				yo.o.a				
Double	checked b	y:	Date and t	M. Issued By Date										
Is blo	ood to b	e irradiated?	☐ Yes	s 🗌 No		Issued To Time								
		e filtered?	☐ Yes											
IS DI	ood to b	e warmed?	☐ Yes	s 🗌 No		This unit will no longer be available for this patient after								
If yes	s, temp	erature of warm	ner			PHY	SICIAN/NU	RSE RES	SPO	NSIB	ILITII	ES WHEN		
			VITAL SIGNS	S		REPORTING A SUSPECTED TRANSFUSION REACTION REACTIONS								
		TIME	TEMP.	BLOOD PRESSURE	PULSE]_	O							
PRE-	SFUSION						Chills							
IRAN						Hematuria Flank Pain Other								
z	15 min.					Note: A te	sponse.							
DURING TRANSFUSION	1 hr.						e transfusion. open saline lir		off blood but do not remove from IV					
IRAN	2 hr.					2. Immedia	ately verify ide	entification	cation of unit and patient.					
ING	3 hr.					3. Notify patient's physician. Time:								
DUR	3111.					4. Notify the Blood Bank.								
	4 hr.					Complete the Transfusion Reaction Work possible reaction and send to the blood B								
POST TRANS.	Immed.					6. In your	computer, ord	ler Transfu	usion	React	ion W	Vorkup test. Phlebotomy staff.		
No re	action Da	ate and time completed	<u>:</u>	Amount admir	nistrated	1		=			-	-		
A.M. AII Part Part						Blood Bank will call floor after initial testing. If no hemolytic reaction, treat patient and restart same unit.								
SIGNATURE OF NURSE COMPLETING RECORD X						8. If Hemolytic Transfusion Rx: Stop blood and send unit and tubing to blood Bank. TREAT PATIENT IMMEDIATELY.								
	/MENT													
								,						
				-										
				-										
					 		I 							