

TRAINING UPDATE

Lab Location: WOMC/SGMC **Date Implemented:** 7/7/23
Department: Blood Bank **Due Date:** 7/10/23

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Nursing Audits

Description of change(s):

1. We have a new form for nursing audits of transfusion documentation. Please implement the new form immediately and discard all old forms.
2. Effective, Monday, July 10, WOMC is requesting that we issue an audit with EVERY transfusion.

Blood Product Administration Documentation Review

Patient Name		Patient MRN	
Auditing RN		Date Audited	
Product Dispense Date		Product Dispense Time	
Vital Sign Documentation--REMINDER: Vitalslink/BMDI intervals must be set per policy			
Pre-Transfusion	15 Minute	2-Hour	Transfusion Stop
Must be documented 0-60 minutes prior to transfusion start time	Must be documented 10-20 minutes after transfusion start	Must be documented 1hr 30 min to 2 hr 30 min after transfusion start	Must be documented 0-60 minutes following transfusion stop time
Time Documented:	Time Documented:	Time Documented:	Time Documented:
Transfusion Documentation			
Transfusion Start Time		Transfusion Stop Time	
Transfusion Completed Within 4 Hours of Dispense?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Order Reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Consent Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Blood Bank Armband Number Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bedside Clerical Check Performed by 2 RNs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name 1:	Name 2:
Product Type	<input type="checkbox"/> Red Cells <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryoprecipitate <input type="checkbox"/> Whole Blood (Neonatal Exchange Only)		
Equipment	<input type="checkbox"/> Warmer <input type="checkbox"/> None		
Volume Transfused (ml)			
Signs of Transfusion Reaction Field Answered	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Must be answered whether or not a reaction occurred)	
Transfusion Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Reason Not Completed	
Barriers Noted		Solutions/Actions Taken	
<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Not Applicable	

DO NOT SCAN. THIS FORM IS NOT PART OF THE MEDICAL RECORD.

Return to blood bank before the end of the shift (SGMC Fax = 5864 and WOMC Fax = 301-388-7506)