

CULTURE OF BLOOD COMPONENT FORM

- St. Joseph Medical Center Tacoma, WA
 St. Clare Hospital Lakewood, WA
 St. Elizabeth Hospital Enumclaw, WA
 St. Francis Hospital Federal Way, WA
 St. Anthony Hospital Gig Harbor, WA
 PSC


Normal Handling

STAT Gram Stain *(patient has experienced rigors, cardiac collapse, or shock)*

| Patient Name | | Date of Culture | |
|---|--|---|------|
| Medical Record Number | | Component Type <input type="checkbox"/> RBC <input type="checkbox"/> FFP <input type="checkbox"/> Cryo <input type="checkbox"/> Platelet | |
| Date of Birth | | Unit Number | |
| Transfusion Reaction Accession Number: | | | |
| CULTURE RESULTS | | TECH ID | DATE |
| 1 Day | <input type="checkbox"/> Growth <input type="checkbox"/> No Growth | | |
| 2 Days | <input type="checkbox"/> Growth <input type="checkbox"/> No Growth | | |
| 3 Days | <input type="checkbox"/> Growth <input type="checkbox"/> No Growth | | |
| 4 Days | <input type="checkbox"/> Growth <input type="checkbox"/> No Growth | | |
| FINAL REPORT: 5 Days No Growth | | | |
| If POSITIVE: | | | |
| Positive Reported ASAP to Transfusion Service Manager | | | |
| GRAM STAIN Results: | | | |
| Organism Identified: | | | |

RELATED DOCUMENTS

R-W-TS-0750 Transfusion Reaction – Immediate Recipient Complications
 J-W-TS-0755 Transfusion Reaction – Delayed Recipient Complications
 J-F-TS-1048 Transfusion Reaction Workup Form

| | |
|--|--|
| DOCUMENT APPROVAL Purpose of Document / Reason for Change: | |
| 1. Placed into current document control format 2. Added Related Documents Section 3. Added checkboxes to record type of component being cultured 4. Added checkboxes to record growth/no growth 5. Added checkbox to record final results 6. Expanded room for recording gram stain and organism identification information 7. Changed crossmatch accession number to transfusion reaction accession number since that is where the results must be recorded for unit culture 8. Added handling priorities above form to include a STAT gram stain if indicated | |
| <input type="checkbox"/> No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval. | |
| Committee Approval Date <input type="checkbox"/> Date: <input checked="" type="checkbox"/> N/A – revision of department-specific document which is used at only one facility | Medical Director Approval (Electronic Signature)  3/19/14 |