

BLOOD ADMINISTRATION OBSERVATION 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

PRETRANSFUSION		YES	NO	N/A
1. Pick-up slip presented to Transfusion Service for issue of blood				
2. Component taken is taken directly to nursing unit.				
3. Component delivered to transfusionist.				
4. Physician order and patient consent checked prior to transfusion.				
5. Transfusionist is familiar with nursing Blood Administration Policy 732.15 & can locate it.				
6. Circular of Information is available. (Can be found on intranet under Tools > Clinical)				
DONOR/RECIPIENT IDENTIFICATION				
7. Patient is wearing a blood band.				
8. Verification of the following is done at patient's bedside by two people:				
<ul style="list-style-type: none"> • Intended recipient's two independent identifiers. This includes name & birthdate. • A third identifier such as MRN and SS# may be used, but this is optional. • The identifiers must be identical on the hospital armband, unit's adhesive patient label, blood band, and patient EHR header (Banner Bar). The transfusion record form must also match if it is used (emergency release blood, trauma, OR) 				
<ul style="list-style-type: none"> • Blood band number must be identical on the blood band, blood unit, and patient adhesive label attached to unit, also on Transfusion Record if it was sent to the clinical unit. 				
<ul style="list-style-type: none"> • The unit number, unit ABO group and Rh type. These should be identical on the face label of the unit and the unit's adhesive patient label. (Also on Transfusion Record Form if sent) 				
9. Patient's hospital armband is scanned into EHR				
10. Blood component unit number is scanned/entered into EHR				
11. Dual nurse sign off is completed in EHR				
ADMINISTRATION TECHNIQUES				
12. Transfusionist donned gloves.				
13. Transfusionist mixed blood thoroughly by inverting.				
14. Transfusionist primed administration set per instructions.				
15. Transfusionist connected tubing directly to IV access.				
16. Only 0.9% sodium chloride is added to the blood infusion line during administration.				
17. Symptoms of adverse events are reviewed with patient.				
MONITORING				
18. Baseline vital signs recorded.				
19. Patient is directly observed for adverse events during the first 15 minutes of transfusion.				
APPROPRIATE DOCUMENTATION FOUND IN EPIC				
20. Vital signs recorded 15 minutes after start of transfusion.				
21. Vital signs recorded 30 minutes after start of transfusion.				
22. Vital signs recorded 1 hr after start of transfusion.				
23. Vital signs recorded every hour until transfusion is completed.				
24. Vital signs recorded when transfusion is completed.				
25. Physician order is present				
26. Patient signed consent for transfusion				
27. Transfusion Record is present on the patient chart (if sent to the clinical unit)				
28. Amount of blood component transfused is recorded				
29. Evaluation for presence of a reaction				

Hospital: SAH SCH SFH SJMC
 Patient: _____ Nursing Unit: _____
 Date: _____ Component _____ Unit number _____
 Transfusionist: _____ Auditor Tech ID: _____
 Follow up required? (Circle one) N Y Details: _____