Franciscan Health System

FORM M-F-TS-1020-04

EMERGENCY BLOOD TRANSPORT LOG

 ☑ St. Joseph Medical Center Tacoma, WA ☑ St. Francis Hospital Federal Way, WA 	St. Clare Hospita

t. Clare Hospital Lakewood, WA t. Anthony Hospital Gig Harbor, WA

☐ St. Elizabeth Hospital Enumclaw, WA
 ☐ Highline Medical Center Burien, WA
 ☐ PSC

Patient Name	(If)	patient ID is ur	nknown, docum	ent sex and approximate age above)
Medical Record #				
Blood Band #				
Urgency Level	□ Now (< 1 min)	🛛 3-5 min	🗆 5-10 min	□ > 10 min
Transport Container	Cooler #	Time issued		Time due back in BB
Date				

FOR TRANSFUSION SERVICE ONLY - Never give O Pos to a woman < 50

	С	OMPONENT		ual		ISSUED		RETURNED V		Vis	sual				
Product	Blood Type	Unit #	Inspection OK?						Time	Tech ID	Patient Location	Time	Tech ID		ection K?
			Y	N						Y	N				
			Y	N						Y	N				
			Y	Ν						Y	N				
			Y	N						Y	N				
			Y	Ν						Y	N				
			Y	Ν						Y	N				
			Y	Ν						Y	Ν				

FOR HOSPITAL DEPARTMENT USE ONLY

Component		Unit Removed from Transport Box		Unit Returned to Transport Box		Unit Removed from Transport Box	
Product	Unit Number	Time Initials		Time Initials		Time	Initials

If Temperature Monitor turns red, please return the affected unit immediately to the blood bank.

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RELATED DOCUMENTS

J-W-TS0311	Emergency Release of Uncrossmatched Blood at SJMC
M-W-TS-0312	Emergency Release Uncrossmatched Blood – SAH, SCH, SFH
M-PR-TS0312	Emergency Release Process – SAH, SCH, SFH
R-W-TS0317	Safe-T-Vue Temperature Indicator Use
M-W-TS0319	Downtime Shipping, Receiving, and Issuing at Remote Sites
R-F-TS1036	Downtime Issue Log

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