† CATHOLIC HEALTH INITIATIVES
Franciscan Health System

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 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 in PolicyStat			
6. Circular of Information is available. Can be found on intranet under **Tools & Applications > Clinical & Operational > Circular of Information for the Use of Human Blood and Blood Components**			
DONOR/RECIPIENT IDENTIFICATION			
7. Patient is wearing a blood band (prior to May 1, 2017)			
8. ***Verification of the following is done at patient's bedside by two people***: • 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 (if used), and patient Epic header (Banner Bar). • Downtime Transfusion Form must also match if it is used (emergency release blood, trauma, OR) • Blood band number (if used) 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 • The unit number, unit ABO group and Rh type. These should be identical on the face label of the unit and the unit's P-tag. (Also on Downtime Transfusion Form if sent with blood)			
9. Patient's hospital armband is scanned into Epic			
10. Blood component unit number is scanned/entered into Epic			
11. Unit product code is scanned/entered into Epic			
12. Dual nurse sign off is completed in Epic			
ADMINISTRATION TECHNIQUES			
13. Transfusionist donned gloves & thoroughly mixed blood by inverting			
14. Transfusionist primed administration set per instructions & connected tubing directly to IV access			
16. Only 0.9% sodium chloride is added to the blood infusion line during administration - nothing else			
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 (≤ 4 hours from time of issue.)			
24. Vital signs recorded when transfusion is completed			
25. Physician order is present in Epic.			
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 is present on the chart.			

Hospital: ☐ SAH   ☐ SCH   ☐ SEH   ☐ SFH   ☐ SJMC

Patient: _____MRN:_____ Nursing Unit: _____

Date: _____Component: _____ Unit number _____ Dispense time: _____

Transfusionist: _____ Auditor Tech ID: _____

Follow up required? (Circle one)   N   Y   Details: _____
_____

RELATED DOCUMENTS

R-W-TS-0325   Blood Administration Audit