

SBAR REPORT: *BLOOD BANK DEVIATION IMPACTING PATIENT CARE OR SAFETY*

<u>S</u>	<p>SITUATION:</p> <ul style="list-style-type: none"> • Blood Bank Deviation Occurred on Date: _____ at Time: _____ • Name(s) of Blood Bank Staff Involved: _____ • Name(s) of Staff Member/Department who Discovered the Deviation: _____ • Patient Name/Location: _____ MR Number: _____ • Description of deviation (continue on back if needed): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Full description included in I-CARE. Write notes here only:</p> </div>
<u>B</u>	<p>BACKGROUND: A deviation or a departure from the established blood bank standard operating procedure must be investigated, communicated to the Blood Bank physicians and Patient Care Unit (if applicable), and reported in an I-CARE.</p>
<u>A</u>	<p>ASSESSMENT OF PATIENT: If there is a concern for patient care and/or safety, BBMDs and PCU must be notified and this section be filled out. With BBMDs assistance, relay on below information to PCU Staff/Providers:</p> <p><input type="checkbox"/> Name of BBMD Notified at Date/Time: _____</p> <p>▪ What is the level of risk to the patient? NO RISK LOW RISK HIGH RISK (circle one)</p> <p>Comments : _____</p> <p>▪ Should a product currently transfusing be stopped? YES NO N/A (circle one)</p> <p>▪ Is there now a delay in blood products? *YES NO N/A (circle one)</p> <p>*If yes, indicate how long of a delay and communicate this to the PCU : _____</p> <p>▪ If needed, indicate other immediate action to be taken after notifying BBMD:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Full description included with I-CARE. Write notes here only:</p> </div> <p><input type="checkbox"/> Name(s) of PCU Staff/Provider Notified/Date(s)/Time(s): _____</p>
<u>R</u>	<p>RECOMMENDATION: List any follow up blood bank testing to be done, correcting of results, additional computer work needed, etc. Check off and initial as completed. (continue on back if needed):</p>

Form Prepared by Blood Bank Staff Name(s)/Date: _____

I-CARE Placed By Blood Bank Staff Name/Date: _____

Give completed form to the BB Quality Technical Specialist
7/2016 BB153