



Changes to Blood Product Identification Tag for ARMC

*Effective **October 17, 2017**, ARMC will roll-out **NEW** Blood Product Identification Tag*

Changes: Printed on **green** 3 hole punched paper; full hospital demographics listed; instructions for verifying patient & blood product listed; most common symptoms of transfusion reaction & first steps in reaction management listed

NO changes to Nursing Workflow

Cone Health

Product Identification Tag

Patient Name: _____ ABO/Rh: _____
 MR Number: _____ Wristband Number: _____
 Account Number: _____ Location: _____ DOB: _____

Antigens/Antibodies: _____
 Special Needs: _____
 Attributes: _____
 Problems: _____

-----Product Information-----

Unit No: _____ Division 00
 ABO/Rh: _____
 Product Code RED CELLS,LR
 # in Pool: _____
 Product Expiration Date: _____ Volume: _____ mL
 Crossmatch Interp: _____ Tech ID: _____ Date: _____
 Attributes LEUKRD
 Antigens: _____

OLD

Prior to starting this transfusion:
 We have checked this tag with the component label and the patient's wristband and all information agrees. The patient has been instructed to inform the Nurse should he/she develop headache, abdominal/chest/back pain, nausea, vomiting, chills, fever, itching, rash, SOB, wheezing, and/or palpitations during the administration of the blood product.

Name: _____ First RN _____ Name _____ Second RN _____

Transfusion started: Date _____ Time _____ by _____
 Amount of blood transfused _____ ml _____ No signs or symptoms of transfusion reaction.

____ Check if transfusion reaction noted. Complete TRANSFUSION REACTION FORM
 ____ yes, BLOOD WARMER was used Temperature: _____

Transfusion stopped/completed: Date _____ Time _____ by _____

CONE HEALTH
 Alamance Regional Medical Center
 1240 Huffman Mill Rd.
 Burlington, NC 27215
 Blood Product Identification Tag

-----PATIENT INFORMATION-----

Patient Name: TESTING, MELISSA Unit#: M3985 17 028119 2
 MRN: 212474 Component: RED CELLS,LR Division: 00
 BS Armband#: B12345
 ABO/Rh: AB-POS Sex: F ABO/Rh: A-POS Volume: 335
 Birthdate: 07/23/1986 Exp Date: 09/28/2017 Exp Time: 2359
 Antigens/Antibodies: _____ Unit Attributes: CMVN LEUKRD
 Unit Antigens: _____

Attributes: _____

Crossmatch Compatible? COMPATIBLE Tech: TW

-----PRODUCT INFORMATION-----

AT BEDSIDE AND IMMEDIATELY PRIOR TO START OF TRANSFUSION, ALL HEALTHCARE PROFESSIONALS MUST VERIFY:
 1) The presence of a physician's (or designee) order for transfusion of this product.
 2) The patient's name, MRN, and BS armband #s identify the patient on this form and patient armbands.
 3) The product name, product identification number/letter, color, or ABO blood type, and Rh factor on the bag matches the corresponding information on this form.

Verified By: _____ Issued By: _____ Issue Time _____
 Transfusion Started (date) (time) Transfusion Ended (date) (time) Amt Transfused (mL)

CHART COPY - Chart When Transfusion Completed

Symptoms of Transfusion Reaction

1. Chills
2. Elevated Temperature (1 degree C or 2 degrees F or greater from baseline)
3. Nausea
4. Shortness of breath/respiratory insufficiency/acute hypoxemia
5. Urticaria (hives)
6. Shock
7. Pain/Backache
8. Hemoglobinuria
9. Feelings of impending doom/death

If Symptoms of Transfusion Reaction Occur:

1. Stop the transfusion. Keep IV sites open with new IV set and saline bag.
2. Notify Blood Bank
3. Notify primary physician
4. See CHL blood administration flowsheet for additional information.

NEW