**ORCA Chart Vital Signs Audit and Feedback Form**

**Vital Signs for Blood Component Transfusions – ORCA CHART AUDIT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Auditor:** |  | **Unit:** |  | **Date:** |  |
| **Patient’s MRN:** |  | **Unit Blood Bank Number:** |  | **Massive Transfusion:** | □ Yes □ No |
| **Documentation (Check appropriate box)** | **Yes** | **No** | **Reason for “No”** |  | **Name of Responsible Nurse** |
| 1. Transfusionist documented correct *blood (component) transfusion type*.
 | □ | □ |  |  |  |
| 1. Transfusionist documented:
 |  |  |  |  |  |
| * 1. Blood bank number.
 | □ | □ |
| * 1. Number of pooled units if applicable.
 | □ | □ |
| * 1. Unit *start* date and time.
 | □ | □ |  |  | Unit Start: |
| 1. Transfusionist documented **Vital Signs**:
 |  |  |  |  |  |
| * 1. Up to 15 minutes prior to unit start time.
 | □ | □ | Start: |
| * 1. 15 minutes after transfusion started.
 | □ | □ | 15 Min: |
| * 1. Up to 15 minutes after end of transfusion.
 | □ | □ | End: |
| 1. At the End of Transfusion, transfusionist documented:
 |  |  |  |  |  |
| * 1. Unit *end* date and time.
 | □ | □ | Unit End: |
| * 1. Address Suspected Transfusion Reaction. If patient had no signs or symptoms of a suspected transfusion reaction, indicate N/A (not applicable).
 | □ | □ | Reaction: |
|  |
| **Additional Comments and/or Actions Taken:** |  |  |

Instructions for Nurse Managers/Assistant Nurse Managers: Please review the results of the audits with your staff. Sign when completed and return to:**Virginia Cruz-Cody (Box #359743 or** **valgas@uw.edu****)**

|  |  |  |
| --- | --- | --- |
| **Nurse Manager/Assistant Nurse Manager’s Signature** |  | **Date** |