**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**](mailto:valgas@uw.edu)**)**

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