**Transfusion Chart Audit Form**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_

Transfusion Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Audit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Transfusion Documentations on Patient Chart** | **Mark One**  |
| **(Yes)** | **(No)** | **N/A** |
| I. One person Pre-transfusion Check 1. Checked valid ***consent*** for transfusion
 |  |  |   |
|  II. Verified transfusion order |
| 1. ***Dose*** specified
 |  |  |  |
| 1. ***Rate*** specified
 |  |  |  |
| 1. ***Attributes or special processing specified*** on order to transfuse are included on Transfusion Order (e.g., Irradiated, leukocytes reduced).
 |  |  |  |
| III. Checked for Pre- transfusion ***medication order*** |  |  |  |
|  IV. Performed “***two-person verification***” check before component transfusion: |
| 1. Date
 |  |  |  |
|   b) Time |  |  |  |
| * 1. Transfusionist
 |  |  |  |
| 1. Witness
 |  |  |  |
| *(continuation)*V. Assessed Reaction / Non – reaction to transfusion |  |  |  |
| Action Items: |
| Summary: |