**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: | | | |