BLOOD PRODUCT TRANSFUSION DOCUMENT (PRE) AUDIT STEPS

- 1. Transfusion cards are tubed back to IUHPL, station 946 or 947.
- 2. After removing cards, peel perforated edges if necessary, "face" cards correctly.
- 3. Place cards in appropriate "month" box. There will be 3 boxes, the month we are currently in, the month prior and another for anything else. Unfortunately, there are wards that "hold" cards. All obscure cards can go in the miscellaneous box.
- *Just glance at the month on the card and put it in the correct box. Cards do NOT NEED to be sorted by hospital.

BLOOD PRODUCT TRANSFUSION DOCUMENT AUDIT (STANDARD WARD TRANSFUSION)

The requirements are different for general transfusions vs. OR, ECMO, Massives, etc. These instructions pertain to requirements for a standard transfusion.

- 1. Two signatures (first initial and full last name or full name): Tranfusionist and Witness—this is necessary on ALL cards.
- 2. Transfusion start: date and time *Note: "pre vital" time needs to be time needs to be at least one minute earlier than "start" time

 With one exception: Apheresis cards. They usually send them 30 to 50 at a time, together. They will have a "star" in the upper right hand corner. We do NOT mark these incorrect, as the exchange products are being transfused consecutively.
- 3. Transfusion stop: date and time
- 4. Look at the start and stop time. The total time of the transfusion needs to be less than four hours.
- 5. Vital sign completion including: all phases. *An exception to this is the instance where a product is given in 15 minutes or less. Some nurses "slash" or "x" out the middle column and record the post vitals in the post vital box. This is actually correct. Others put the post vitals in the middle box. I don't mark these as incorrect as long as the times are entered correctly at the top end of the card.
- Time / Nurse / Midway Assessment: Requires all times of vitals collections. These three boxes do not allow for initials. First initial and full last name or full name are required here.
- 7. Blood Warmer must be checked "yes" or "no". If checked "yes", an ID# must be included.
- 8. Documentation of a Transfusion Reaction. If checked "yes", then the back of the card must be filled out.

Patient Name:	Ward	Transfusionist and Witness MUST certify:	0
MR #.	Date / Time:	1. Patient's Name and MR # on this form and Wristband are Identical. 2. Donor # and Blood Type on this form and Donor Bag are Identical. 3. Patient's consent for transfusion Signed—Witnessed.	
Patient Blood Type:	Accession #:	TRANSFUSIONIST:1	
Crossmatch Interp:	Tech:	Started: Coste: 2 Time: 1 Time: 4	
Unit / Podi #:	Unit Exp.Date / Time:	Amount: all 3 tall, approx: mL)	~
DonorType: Product		TEMP At 15 Minutes Post	0
		PULSE	
Artigen / Attribute:		BP (5)	
***		RESP.	
**************************************		TIME	
		NURSE 6 L L	1_
INTRA-OPERATIVE INDICATIO	rted with 0.9% NACL ONLY / Infused within 4 hr.	Midway Assessment by:	10
☐ EBL> 15% BV	THROMBOCYTOPENIA	Blood Wormer? Ino Iyes	\perp
☐ MASSIVE TRANS	☐ COAGULOPATHY (Did Patient have a Transfusion Reaction ?: YES*	
U OTHER Indication:	8	1	1_
SIGNATURE:	8	w When YES (See Back of form for REACTION Work-Up)	
	TRANSFUSION DOCUMENT AND RECORD	Rev 03/2013 W Indiana Enterology Health BLOOD BANK COPY	1

BLOOD PRODUCT TRANSFUSION DOCUMENT AUDIT

These cards require less documentation if section 5 contains any of the statements below.

- 1.) Two signatures (first initial and last name or full name): Transfusionist and Witness
- 2.) Transfusion start: date and time
- 3.) N/A
- 4.) N/A
- 5.) Acceptable statements in area <u>5</u>: Anesthesia, SAR (see anesthesia records), Emergency, Level I, Massive, Perfusion, Pump, Rapid Infusion, "See Cerner" and Wound Patch for Cryo.
- 6.) N/A
- 7.) Blood Warmer box needs to be checked "yes" or "no". If checked "yes" and ID number must be included.
- 8.) Documentation of a Transfusion Reaction. If checked "yes" then the back of the card must be filled out.

Patient Name:	Ward:	Transfusionist and Witness MUST certify:
MR ≢:	Date / Time:	1. Patient's Name and MR # on this form and Wristband are Identical. 2. Donor # and Blood Type on this form and Donor Bag are Identical. 3. Patient's consent for transfusion Signed Witnessed.
Patient Blood Type:	Accession #:	TRANSFUSIONIST:1 WITNESS:1
Crossmatch Interp:	Tech:	Started: Oxe: 2 Time: 4
Unit / Pool #:	Unit Exp.Date / Time:	Amount all 3 tall, approx: mL)
		/////// Pre At 15 Minutes Post
Donor Type: Product:		TEMP MAY OF
		PULSE above
Antigen / Attribute:		BP applosed 5
		RESP. Comments
		TIME
		NURSE 6
Red Cell Products MUST be Started w INTRA-OPERATIVE INDICATIONS FOR	ith 0.9% NACL ONLY / Infused within	n 4 hr. Midway Assessment by:
	THROMBOCYTCPENIA	Blood Warmer ?□no □yes
	COAGULOPATHY	Did Parions have a Transferior Descript O. F. V.F.O.t.
U OTHER Indication:		* When YES (See Back of form for REACTION Work-Up)
SIGNATURE:	M	
	TRANSFUSION DOCUMENT AND RECORD	Rev 03/2013 Tadiana University Health. BLOOD BANK COPY

AUDIT PROCESS

Count the available transfusion cards and using these guidelines audit the cards, separating correct from incorrect.

Using a PINK highlighter, highlight what was incorrect on the cards. Count how many are incorrect.

Patient Name:	Ward:	Transfusionist and Witness MUST certify: 1. Patient's Name and MR # on this form and Wristband are Identical.	0
MR &	Date / Tane:	2 Donor # and Blood Type on this form and Donor Bag are Identical.	
		3. Patient's consent for transfusion Signed Witnessed.	0
Pacent Blood Type:	Accession #:	TRANSFUSIONIST: 1	
11.		WITNESS: Started: Code:	0
Crossmatch Interp:	Tech:	Stopped: Code: 2	
Unit / Pool #:	Unit Exp.Date / Time:	Amount all 3 It all, approx: mL)	0
		/////// Pre At 15 Minutes Post	0
Donor Type: Product:		TEMP	~
		PULSE 5	lο
Artigen / Attribute:		RESP	
		TIME	0
<u> </u>		NURSE 6	
Red Cell Products MUST be Star INTRA-CPEPATIVE INDICATION	ted with 0.9% NACL ONLY / Infused within	14 kr. Midway Assessment by:	0
EBL> 15% EV	THROMBOCYTOPENIA	Blood Warmer ? no yes. 7	a
MASSIVE TRANS	COAGULOPATHY	Did Patient have a Transfusion Reaction ?: YES*	١٧
OTHER Indication:		When YES (See Back of form for REACTION Work-Up)	lo
SIGNATURE:	TRANSFUSION DOCUMENT AND RECORD	ELOOD CANK COOK	Ĭ
	THOUSE GENERAL GOOD GENERAL PARK RESORT		<u>_</u>
	indiana Mala		
Date: / /		00	
Total # of documents r	reviewed		
Total # incomplete mi	nus	XV	
Total # compliant equ	zletzlet	<u>¥U</u>	
Audited By: Jimny	Page Medical D	Pirector / Designee Review By:	
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Locate one of the above sheets which should be located in both the right and left side storage cabinets at the front desk on clip boards. Fill it out, then wrap it around your incorrect cards, rubber band together and place in same box at front desk that unacceptable specimens (incidents) are kept.

Finally, please separate your left over CORRECT cards by hospital and place in correct box. ANY Satalite/sister hospital cards will go in an envelope marked as such located in the Riley box.

LET'S PRACTICE!

Name:		

Please highlight on each card what (if anything) is incorrect.

				UCT diff.			
Patient Name:	Ward: RILEY AT IUH RT7EA	Transfusionist 1. Patient's Name a	nd MRN on this for	m and Wristband	are Identical.		
GREER, JILLIAN E &	Date / Time:	2 Donor # and Blo	nod Type on this fo	e on this form and Donor Bag are Identical . sion Signed and Witnessed .			
72633691	01/22/2019 04:58	TRANSFUSIONIST	Z 1	A 1.1.	00, PEC)		
Patient Blood Type:	Accession #:	WITNESS	i: JuDa	ua PN	/ // -		
0 POS	. :	Started:	Date: 1/2.7	Time:	525		
Crossmatch Interp:	Tech:	Stopped:	Date: 1/22/	Time:	07-44		
		Amount:)⊠-all /	(if not all, approx	X:	mL)	
W2018 19 855046	Unit Exp. Date / Time: 23:59:		Pre	At 15 Minutes	Post		
Product: APHER	DIAT IO ID	TEMP	36.1	36.1	36.1	<u> </u>	
A NEG E3056 APHER	PLAI LK 1K	PULSE	131/85	132/97	139/9	1	
Antigen / Attribute: IRRADIATED 1ST CONTAIN	ED APHERESTS	BP RESP.	19/195	10	137	/	
ResLeu: <5Log6	The last of the la		10920	0540	0746	Western Consequent (Starley)	
		TIME NURSE	S. U.Danaza	100		Server .	
Red Cell Products MUST be Started with 0.9		Midway Assessm			130 - 1-3,)	
INTRA-OPERATIVE INDICATIONS FOR TRA		Blood Warmer ? no		WW 22 1-10			
	MBOCYTOPENIA : :	Did Patient hav	∠e a Transfusio	n Reaction ?:	□ YES*		
OTHER Indication:	** :1 ·	* When YES (\$					
SIGNATURE:	MD	Rev 10			LOOD BANK C	OPY	
TRAI	NSFUSION DOCUMENT AND RECORD	L	The state of the s		LOOD BAINING	<u></u>	
Patient Name:	Ward:	Transfusionist	and Witness N	IUST certify:			
Badie, Toya L	University Surgery	1. Patient's Name 2. Donor # and BI	and MRN on this fo	rm and Wriethan	d are Identical.		
74242985		3. Patient's consent	for transfusion Sig	ned and Witness	ed.	1.	
Patient Blood Type:	01/22/2019 17:16 Accession #:	1 :		2 KIV			
O POS	19-022-00631	·	s: FRULL	F-10			
Crossmatch Interp:							
	Tech:	Started:	Date: 1/22 1	Time:	100		
eXM Compatible	TMC	Stopped:	Date:	Time:			
Unit / Pool #:	TMC Unit Exp.Date / Time;		Date:	(if not all, appro	X:	mL)	
Unit / Pool #: : W2016 18 797154	TMC	Stopped: Amount:	Date:	(if not all, appro	x: Post	mL)	
Unit / Pool #: : W2016 18 797154 Donor Type: Product:	TMC Unit Exp.Date / Time: 02/13/2019 23:59	Stopped: Amount:	Date: all Pre 2	(if not all, appro	x: Post 30.6	mL)	
Unit / Pool #: (W2016 18 797154 Donor Type: Product: 0 POS E0336 RBC L	TMC Unit Exp.Date / Time: 02/13/2019 23:59	Stopped: Amount: TEMP PULSE	Date:	(if not all, appro	x: Post 3\0.5		
Unit / Pool #: : W2016 18 797154 Donor Type: Product:	TMC Unit Exp.Date / Time: 02/13/2019 23:59	Stopped: Amount: TEMP PULSE	Date: all Pre Z	(if not all, appro At 15 Minutes	x: Post	<u></u>	
Unit / Pool #: [W2016 18 797154 Donor Type: Product: O POS E0336 RBC LI Antigen / Attribute:	TMC Unit Exp.Date / Time: 02/13/2019 23:59	Stopped: Amount: TEMP PULSE BP RESP.	Date:	(if not all, appro At 15 Minutes	x: Post 3 10 - 15 1 2 1 1 1 1 1 1 1 1	<u></u>	
Unit / Pool #: TW2016 18 797154 Donor Type: Product: O POS E0336 RBC LI Antigen / Attribute: ResLeu : <51og6	TMC Unit Exp.Date / Time: 02 / 13 / 20 19 23 : 59 R	Stopped: Amount: TEMP PULSE BP RESP.	Date:	(if not all, appro At 15 Minutes	x:	<u></u>	
Unit / Pool #: [W2016 18 797154 Donor Type: Product: O POS E0336 RBC LI Antigen / Attribute: ResLeu: <51cg6 [Red Cell Products MUST be Started with 0.96]	TMC Unit Exp.Date / Time: 02 / 13 / 20 19 23 : 59	Stopped: Amount: TEMP PULSE BP RESP. TIME NURSE	Date: all Pre Z	(if not all, appro At 15 Minutes	x: Post 3 10 - 15 1 2 1 1 1 1 1 1 1 1	<u></u>	
Unit / Pool #: TW2016 18 797154 Donor Type: Product: O POS E0336 RBC LI Antigen / Attribute: ResLeu: <51cg6 Red Cell Products MUST be Started with 0.90	TMC Unit Exp.Date / Time: 02/13/2019 23:59 R NACL ONLY / Infused within 4 hr.	Stopped: Amount: TEMP ,PULSE BP ,RESP. TIME NURSE Midway Assessme	Date:	(if not all, appro At 15 Minutes	x:	<u></u>	
Unit / Pool #: W2016 18 797154 Donor Type: Product: O POS E0336 RBC LI Antigen / Attribute: ResLeu: <51cg6 Red Cell Products MUST be Started with 0.9' INTRA-OPERATIVE INDICATIONS FOR TRA BBL> 15% BV THROI MASSIVE TRANS COAG	TMC Unit Exp.Date / Time: 02 / 13 / 20 19 23 : 59	Stopped: Amount: TEMP PULSE BP RESP. TIME NURSE Midway Assessme	Date: all Pre 2	(if not all, appro At 15 Minutes	x: Post 30.5 174 12179	<u></u>	
Unit / Pool #: W2016 18 797154 Donor Type: Product: O POS E0336 RBC L! Antigen / Attribute: ResLeu : <51cg6 Red Cell Products MUST be Started with 0.99 INTRA-OPERATIVE INDICATIONS FOR TRA	TMC Unit Exp.Date / Time: 02/13/2019 23:59 White in the content of the content o	Stopped: Amount: TEMP PULSE BP RESP. TIME NURSE Midway Assessme Blood Warmer ? □ no Did Patient hav	Date: all Pre Z	(if not all, appro At 15 Minutes 3000 + 1000 1000	x: Post 3\0.5	<u></u>	
Unit / Pool #: W2016 18 797154 Donor Type: Product: O POS E0336 RBC L! Antigen / Attribute: ResLeu: <51cg6 Red Cell Products MUST be Started with 0.9' INTRA-OPERATIVE INDICATIONS FOR TRA EBL> 15% BV THROI MASSIVE TRANS COAG OTHER Indication: SIGNATURE:	TMC Unit Exp.Date / Time: 02/13/2019 23:59 White in the content of the content o	Stopped: Amount: TEMP PULSE BP RESP. TIME NURSE Midway Assessme	Date: all Pre Z	(if not all, appro At 15 Minutes Start ILL ILL ILL ILL ILL ILL ILL I	x: Post 3\0.5		

Quesada, Dawson A MRN: 75992959	Riley at IUH RT5WA Date/Time: 01/20/2019 05:33	1. Patient's Name 2. Donor # and E	nt for transfusion Si	form and Wristba r s form and Donor	Bag are Identical.
Patient Blood Type:	Accession #:	TRANSFUSIONI: WITNE:	7 1 0 0		
A POS	Tark	Started:	Date: \ / (%) / ;	() Time;	06:57
Crossmatch Interp:	Tech: HGL	Stopped	: Date: 1/30/10		77:80
Unit / Pool #:	Unit Exp.Date / Time:	Amount:		(if not all, app	rox: 191/p
W2018 19 855030	01/21/2019 23:59		Pre	At 15 Minutes	Post
Donor Type: Product:	St. E	TEMP	37	36.2	370
A POS E3057	Apher PLAT LR IR	PULSE	57750	1 1/2	54
Antigen / Attribute: CNV Nea Irradiate	d 2nd container	BP	20	100/51	111/04
Apheresis ResLeu:		RESP.			14
Subject to the subject of the subjec		TIME NURSE	0656 EH	10612 EB	82:80
	d with 0.9% NACL ONLY / Infused within 4 h	Midway Assessr	1	ilanin-1-a	Shemzern
INTRA-OPERATIVE INDICATIONS BBL> 15% BV	S FOR TRANSFUSION THROMBOCYTOPENIA	,	o ∐yes:ID#: /		everaces MV
r	COAGULOPATHY	1 1	ave a Transfusi		:□YES*
OTHER Indication:	1.		(See Back of for		
SIGNATURE:	MD				BLOOD BANK COF
Patient Name:	Ward:	Transfusionist	harman and the second second	ىدا دىيانى تىلىمۇرىيتۇرۇرىلادىن.	
Burnett, Kimberly C		1. Patient's Name a	and MRN on this for	rm and Wristban d	d are identical .
MRN:	(2) Date / Time:	2. Donor # and Bl 3. Patient's consent	for transfusion Sig i	ned and Witness	ag are identical. ed.
74047848 Patient Blood Type:	01/20/2019 12:21 Accession #:	TRANSFUSIONIST	т: <u> </u>	13R4	
0 POS	Accession #.	WITNESS	s: Rebecca Trodin	7	
Crossmatch Interp:	Tech:	Started:	Date: 61-70-5) or ct Time:	259
	AMI (Stopped:	Date: 01-20-3		316
Unit / Pool #:	Unit Exp.Date / Time:	Amount:	│□all	(if not all, appro	**************************************
W2016 18 910285	01/20/2019 16:21	TEMP	97, 2	At 15 Minutes	Post
Donor Type: Product: 0 POS E3591 T	hawed CRYOS	PULSE	1	37.2	
Antigen / Attribute:	Helling Office	BP	95154	108/63	
Anagen / Attribute.		RESP.	29	25	
		TIME	Transky	Trouvaky	
Red Cell Products MUST be Started	with 0.9% NACL ONLY / Infused within 4 hr.	NURSE	1259	[316	
INTRA-OPERATIVE INDICATIONS F		Midway Assesşme)- (102R	
EBL> 15% BV	THROMBOCYTOPENIA	Blood Warmer ? 70	□yes:ID#:\	1	
☐ MASSIVE TRANS ☐ OTHER Indication:	COAGULOPATHY	Did Patient hav	e a Transfusio	n Reaction ?:	☐ YES*
•		* When YES (S		for REACTION	√ Work-Up)
SIGNATURE:	MD TRANSFUSION DOCUMENT AND RECORD	Rev 10/	2013 III Indiana	University Health	LOOD BANK COPY
Patient Name:	Ward:	Transfusionist	and Witness N	IUST certify:	
"Sweat, Kylee A	Riley at IUH RT5EA	1. Patient's Name a 2. Donor # and Bl	ood Type on this f	form and Donor B	aq are identical.
72946882	01/20/2019 09:01	3. Patient's consent	for transfusion Sig	ned and Witness	ed.
Patient Blood Type:	Accession #:	TRANSFUSIONIS WITNESS	Care I	<u>a Kean</u> t Dilleann	50
A POS		Started:		C) Time: \	116
Crossmatch Interp:	Tech:	Stopped:	Date: 20	1	330
Unit / Pool #:	SDA	Amount:	⊠all	(if not all, appro	3 7 746
W2018 19 855031	Unit Exp.Date / Time:		Pre	At 15 Minutes	Post
Donor Type: Product:	01/21/2019 23:59	TEMP	36.9	36.9	3619
, ,,	Apher PLAT LR IR	PULSE	(04)	(QC)	74
Antigen / Attribute:		BP RESP.	127186	134/88	132 74
	The state of the s		12	7O.	10
Apheresis Resteu:			1115	1130	1330
Red Cell Products MUST be Started	with 0.9% NACL ONLY / Infused within 4 hr.	NURSE:	LUB	NOB	I WIB
INTRA-OPERATIVE INDICATIONS F		Midway Assessme		Man Brea	44
☐ EBL> 15% BV ☐ MASSIVE TRANS ☐	THROMBOCYTOPENIA COAGULOPATHY	Blood Warmer ? \(\in \mathre{\text{NO}} \)			
OTHER Indication:	- CONSULOI ATTT	Did Patient hav			-
SIGNATURE:	MD	* When YES (S		n for REACTION	V Work-Up)

			Hana	MAINIMAL	and aaimicəə iai	OOI CE	ury.		
2020	Ninde-mercado, Traci L	University U3NW U38	1. Patient's Name and MRN on this form and Wristband are Identical. 2. Donor # and Blood Type on this form and Donor Bag are Identical. 3. Patient's consent for transfusion Signed and Witnessed.						
	MRN:	Date / Time:							al.
	73946342	01/23/2019 16:00	TRANSFUSIONIST:						
	Patient Blood Type:	Accession #:	{	WITNESS		52 11/1	alk t	J.	
	O POS			Started:	Date: , / ,	//	Time:	1. (48	
	Crossmatch Interp:	Tech:			Date: 133	14	Time:	1648	
		JRE		Stopped:	- GKall-			1657,	
	Unit / Pool #:	Unit Exp.Date / Time:		Amount:		(if not al			r
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	Donor Type: Product:		TEMP	Ŷ.					
	O POS E2701 Thawed	d PLASMA	PULSE			< y	The		
	Antigen / Attribute:	1	BP~	ί,		()	2		
r	Frozen <=24h		RESP.	i,					
			TIME	i.					35W50180 6808
, pa		VALABLE CANDALIA CONTRACTOR	NURSI	<u> </u>					•
	ed Cell Products MUST be Started with 0.9% NACE UNLY / Infused within 4 nr.			v Assessme	ent by:	Zne			
	INTRA-OPERATIVE INDICATIONS FOR TRA	MBOCYTOPENIA	Blood Wa	armer 2 Dno	Jyes:ID#:	2000	1274		
1		ULOPATHY	Did P	ationt hav	e a Transfusio	n React	ion 2:	U AEG*	
	OTHER Indication:			33					
	CIONATURE:	MD	本 VVII	,	See Back of form				
		SFUSION DOCUMENT AND RECORD		Rev 10/.		University Hea		OOD BANK (COPY
	Patient Name:	Ward:	Trans	fusionist	and Witness N	iUST ce	rtify:		
	Chimembe, Kalunga S MRN:	Riley at IUH RT5EA	1. Patie	ent's Name a	and MRN on this fo ood Type on this f	rm and VV form and F	ristband Jonor Bi	are I dentica i ad are Identic:	al
	MRN:	Date / Time:	3. Patie	ent's consent	for transfusion Sig	ned and \	<i>N</i> itness	ed.	
	75741.205	01/20/2019 10:30	TRAN	SFUSIONIST	r: /////0//0/0	<u> </u>	58CC	八/4	
	Patient Blood Type:	Accession #:	5 (0)	WITNESS	s: Shellan	<u> 101/17</u>	184		
	O POS		-	Started:	Date: \ \ 10/1	N	Time:	<u>150</u>	
	Crossmatch Interp:	Tech:		Stopped:	Date:	110	Time:	L 1515	1
		SDA		Amount:	√ all		II, appro	X: of the first of the	2.\\n
٠	Unit / Pool #:	Unit Exp.Date / Time:	100		Pre	At 15 Mi		Post	
	W0407 18 723175	01/23/2019 23:59	TEMP		36.9	210		360,5	
	Donor Type: Product:	150.5 A 1886 3 195 17 70 105	PULSI	=	109	AU		92	
		r PLAT LR IR	BP	-	115/30	113	- 87	TOTTO	: ()
	Antigen / Attribute:					2.3		134	, Name
	CMV Neg Irradiated 2		RESP	//www.commonweaker.com/	22		charles and comment	The same	not risk community
	Apheresis ResLeu:<5lo	IGD F	TIME		1150	17.C		1212	
	Red Cell Products MUST be Started with 0.9	% NACL ONLY / Infused within 4 hr.	NURS	Ε	LVS.	1007	with the man	11113	
,	INTRA-OPERATIVE INDICATIONS FOR TRA				ent by: <u>WACA</u>	acar.	<u>1200</u>	(ITOUY)	
	☐ EBL> 15% BV	MBOCYTOPENIA			□yes:ID#:			1	
	=	BULOPATHY	Did F	atient hav	e a Transfusio	n Reac	tion ?:	☐ YES*	
	OTHER Indication:		* W	nen YES (S	See Back of form	n for RE	ACTIO	V Work-Up)	
	SIGNATURE:	MD		Rev 10.	/2013 [1] Indian	na University He	ılth B	LOOD BANK	COPY
	Patient Name:	NSFUSION DOCUMENT AND RECORD Ward:	Trans	fusionist	and Witness N	IUST ce	rtify:	- Programme - Prog	h-discount
	Myers, Bradley K	Methodist MASS MSOS	01. Patie	ent's Name a	and MRN on this fo	rm and W	ristbanc	l are Identical .	
	MRN:	Date / Time:	2. Don	i or # and Bli ent's consent	ood Type on this f	orm and L ned and \	onor Ba Nitness	ag are l dentic : ed.	aı.
	72194962	01/21/2019 07:58	3. Patient's consent for transfusion Signed and Witnessed . TRANSFUSIONIST:						
	Patient Blood Type:	Accession #:	11000	WITNESS	71 11 1	7011)			
	A POS	19-021-01364	-	Started:	ÉData:		Time:	8 1	
	Crossmatch Interp:	Tech:			1.61.6		70.	<u>보려!</u> 나 강	
	eXM Compatible	EBI		Stopped: Amount:	- ^{Date:} / 2 2 □ all	7		_{-!	
	Unit / Pool #:	Unit Exp.Date / Time:		Amount.			II, appro	ACTION AND ADMINISTRATION ADMINISTRATION AND ADMINI	r
	W2050 18 329615	02/01/2019 23:59	TENAC	· · · · · · · · · · · · · · · · · · ·	Pre	At 15 Mi	nutes	Post	
	Donor Type: Product:		TEMP			$\mathbb{A}(\cdot)$			
	A POS E0336 RBC L	R	PULSI	= !		11.7			
	Antigen / Attribute:		BP		<u> </u>				
	e e e e e e e e e e e e e e e e e e e		RESP.						oceanie e constituidan
	Rest.eu:<51og6		TIME	,					
	Dad Oall Dad and All Oat Land Co.	O/ NACL ONLY (Table 1 1911 1)	NURS	E					
	Red Cell Products MUST be Started with 0.9			y Assessm	ent by:				
,	INTRA-OPERATIVE INDICATIONS FOR TRA	ANSFUSION MBOCYTOPENIA	Į.	-	□yes:ID#:				
		GULOPATHY	l .		∕e a Transfusio	n Reac	tion ?:	□ YES*	
		77 21 i Wood.							
	SIGNATURE: (Asl, la-	MD MD	1 T VVI	nen YES (3 Rev 10	See Back of form	N TOT KE a University Hea			
			1	1167 10	として 単連 Indian	a University Hea	un 🗅	I UUU BYVIK I	/CILIV

	i auciii Naijio.	waiu.	J	Franstusionist	and witness iv	ius i centity:				
	Nagarik, Amit MRN:	University CD Date/Time:		1. Patient's Name and MRN on this form and Wristband are Identic 2. Donor # and Blood Type on this form and Donor Bag are Identia. 3. Patient's consent for transfusion Signed and Witnessed.						
	76071097 Patient Blood Type:	01/21/2019 14 Accession #:	: 23	TRANSFUSIONIST: WITNESS: TO THERE IS						
	0 POS	19-021-03317	K	WITNESS						
	Crossmatch Interp:	15-021-03317 Tech:	()	Started:	Date: 1/2/119	Time:	Z:50			
	eXM Compatible	JME	li li	Stopped:	Date: /2// F4	Time:	2.58			
	Unit / Pool #:	Unit Exp.Date / Time;	- 0	Amount:	□alF	(if not all, appro				
	W2016 18 794298	02/14/2019 23	:59	TEMP	Pre	At 15 Minutes	Post			
	Donor Type: Product:	000 10		TEMP	500	ROCEVE				
		RBC LR		PULSE	OCE.	KECKC	,\			
	Antigen / Attribute:	<u></u>		i,pr iŘESP. ⊸						
	Resteu:<5log6	~.			1					
				TIME NURSE						
		ed with 0.9% NACL ONLY / Infused	within 4 hr.	Midway Assessme	ent by: -A- wh	histon	1			
1	INTRA-OPERATIVE INDICATIONS EBL> 15% BV	THROMBOCYTOPENIA		Blood Warmer ? _\O						
ē	MASSIVE TRANS	COAGULOPATHY		Did Patient hav	, -		☐ YES*			
*>	OTHER Indication:	-		* When YES (S						
	SIGNATURE:		MD	Rev 10/	[picomana]		LOOD BANK COP			
-	Patient Name:	TRANSFUSION DOCUMENT AND F Ward;	RECORD	Transfusionist	(maxim)					
	Yee, Khin H	Methodist MEM	HER MAK	1. Patient's Name a	and MRN on this fo	rm and Wristbane	d are Identical.			
	MRN:	Date / Time:	i de se	 Donor # and Blo Patient's consent 	for transfusion Sig	ned and Witness	ag are identical. ed.			
	76081417	01/21/2019 19	5 ((U)) - A	TRANSFUSIONIST	:	Quilson	~~			
	Patient Blood Type: , 8 POS	Accession #: 19-021-12156	. !!	WITNESS	3: le rol	Wewa RR	/			
	Crossmatch Interp:	Tech:	1	Started:	Date: 1 - 2 1 - 1		2. 20 200			
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	W2018 18 040813	02/14/2019 23	3:59	TEMP	Pre	At 15 Minutes	Post			
	Donor Type: Product: 6 POS E0336	RBC LR	- K	PULSE	36.9	 3,69	759			
		3 VP-IIF Not Spr. 3 V	1,	BP	120172	130/77	60			
	Antigen / Attribute:			RESP.	20	20	136/19			
	Resteu:<5log6		T.	TIME	315	335	90			
Ì	Dad Oall Dad Just MUCT to Out	ed with 0.9% NACL ONLY / Infused	Lipius Liberta Alba	NURSE	7,0	333	十条 分,			
	INTRA-OPERATIVE INDICATIONS		Within 4 m.	Midway Assessme	100	A VI	Du QN			
	EBL> 15% BV	☐ THROMBOCYTOPENIA	13	Blood Warmer ? MO	□yes:ID#:_ <i>()</i>	100 01 1 0				
		☐ COÁGULOPATHY		Did Patient hav	e a Transfusio	n Reaction ?:	☐ YES*			
• •	OTHER Indication:		T.	* When YES (S	See Back <u>of</u> forn	n for REACTIO	N Work-Up)			
	SIGNATURE:	TRANSFUSION DOCUMENT AND F	MD RECORD	Rev 10/	2013 Indian	u University Health	LOOD BANK COP			
• 3	Patient Name:	- Ward:		Transfusionist	and Witness N	IUST certify:				
	Sweat, Kylee A MRN:	Rilay at IUH Date/Time:	RTZER	1. Patient's Name a 2. Donor # and Blo	ood Type on this i	form and Donor B	ad are Identical.			
	72946882	01/23/2019 17	s 3. Kr	3. Patient's consent	for transfusion Sig	ned and Witness	ed.			
	Patient Blood Type:	Accession #:	a \$4.3	1 i	for the transferred of	MANUATE AND	A IV.A			
	A POS			WITNESS	S: <u>I MUUUU A</u> Date: \ - <u>Z I - \ Q</u>	7.4.4.9.18.1V				
	Crossmatch Interp:	Tech:		Started: Stopped:	Date: 1 - 23 - 19	1	810			
		JRE		Amount:	<u> </u>	(if not all, appro	NOO(2)			
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	Donor Type: Product: A POS - E3591	Thawed CRYO5		PULSE	88	193	89			
	Antigen / Attribute:	- Liver to be not - Switt N. E. Switself		BP 4	114146	111/56	114/56			
				RESP.	20	20	18			
				TIME (1208	1825	8,000			
	Red Cell Products MUST he Starte	ed with 0,9% NACL ONLY / Infused	within 4 hr	NURSE .	ODalell	a. Dorrell	A. P. LEVAT			
	INTRA-OPERATIVE INDICATIONS			Midway Assessme	ent by: (Aldy	Pilkett				
	☐ EBL> 15% BV	THROMBOCYTOPENIA		Blood Warmer ?∑ NO	-					
	MASSIVE TRANS OTHER Indication:	LI COAGULOPATHY		Did Patient hav						
	· · · · · · · · · · · · · · · · · · ·			* When YES (S			• •			
	SIGNATURE:		MD ·	☐ Rev 10/	2013	. m 5 . m . m	LOOP BANK OOD			

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·oscool	Anderson, Brent C	University UANE U44	 Patie 	ent's Name a	and MRN on this fo	orm and Wris	sthand	l are identical.	
	MRN:	Date / Time:	2. Donor # and Blood Type on this form and Donor Bag are Identical. 3. Patient's consent for transfusion Signed and Witnessed.						
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	Patient Blood Type:	Accession #:	110440		s: Chantal		o st	i en	-
	B POS	19-018-03356	-	Started:	Date: 1/18/19	<i>d</i>	ime:		_
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	Donor Type: Product:	931 201 201 303 2.J. 33	TEMP		37.0	32	165	3.7	-
	B POS E0336 RBC L	R	PULSE		96	95		92 *	-
	Antigen / Attribute:	•	BP		132/74	134/41	A :	13617	-
	-		RESP.		24	22	<u>U·</u>	79	-
	ResLeu:<5log6		TIME	Current superior supe	0700	-0715	*		
=	Red Cell Products MUST be Started with 0.9	% NACL ONLY (infrared within 4 hr	NURSE		C. Slamkausk		121	1016 10 11 11 11 11 11 11 11 11 11 11 11 11 1	_
	NTRA-OPERATIVE INDICATIONS FOR TRA				ent by:			(12211201V	
Ì		MBOCYTOPENIA	Blood Wa	armer ?\ino	□yes:ID#:	<u> </u>		The second second	-
		SULOPATHY	. 1	8	re a Transfusio	n Reactio	n 2:	□ YES*	-
ı	OTHER Indication:		l I		See Back of form				
;	SIGNATURE:	MD		Rev 10/		a University Health		.OOD BANK COP	
-,	Patient Name:	NSFUSION DOCUMENT AND RECORD /	Trans	fucionici	and Witness M			OOD BANK COP	l si
	Muhammad, Kayin A	MMP Facile Wichlands	1. Patier	nt's Name a	ind MRN on this for	rm and Wris	tband	are Identical	
	MRN:	MMP Eagle Highlands Date/Time:	12. Done	or # and Blo	ood Type on this f for transfusion Sig	orm and Do	or Ra	a ara Idantical	,
	74015588	01/02/2019 16:10	TRANS	FUSIONIST	:5//·5/	ned and win	nesse	d.	,
	Patient Blood Type:	Accession #:	i .	WITNESS	200	100 m	11		-
	B POS	18-385-13385		Started:	Date:		me:	1200	=
	Crossmatch Interp:	Tech:	1 ::	Stopped:	Date:	G Ti	me:	1812	-
	eXM Compatible Unit/Pool#:	TNG Unit Exp.Date / Time:	1	Amount:	(Z'all	(if not all,	annroy		- ~
	₩2038 18 678971	01/24/2019 23:59			Pre	At 15 Minut		Post	-
	Donor Type: A Product:	01/24/2019 73:28	TEMP.	i	97.7			97.6	-
	O NEG E0686 RBC LF		PULSE		86		/	101	-
	Antigen / Attribute:		BP		99162	/		49/67	-
			RESP.		18.			18	-
	C Neg E Neg K Neg Hgh	o S Neg	TIME		1735			1812	a
F	Red Cell Products MUST be Started with 0.9%	NACL ONLY / Infused within 4 hr	NURSĘ		CH. Chiai			3H. Phia	-
	NTRA-OPERATIVE INDICATIONS FOR TRA		Midway	Assessme		Phier	-12	N	-
		MBOCYTOPENIA				334			•
L	☑ MASSIVE TRANS ·	ULOPATHY	Did Pa	tient have	e a Transfusio	n Reactio	n ?: [] YES*	•
L			≯ Wh∈	n YES (S	ee Back <u>of</u> form	for REAC	TION	 Work-Up)	
S	IGNATURE:TRANS	SFUSION DOCUMENT AND RECORD		Rev 10/2	2013 III Indiana	University Health		OOD BANK COP	¥
	Patient Name:	Ward:	Transf	usionist a	and Witness M	UST corti	erene. For:		200
	Desouza, Eon Victor	University Apheresi	St. Hatier	nt's Name ar	nd.MRN on this for	m and Wris	hand	are Identical. (😞	,
	75911251	Date / Time: 01/07/2019 08:49	3. Patier	ול # and אונ nt's consent f	od Type on this for transfusion Sigr	orm and Dor ned and Wit	ior Bag nesse	g are Identical. d	i I
	Patient Blood Type:		TRANSI	FUSIONIȘT				7/1	1
	A POS	Accession #: 19-004-20992	2 1 e ¹ 6	WITNESS	: Mr. 2	My Pan	<u>) </u>		
	Crossmatch Interp:	Tech:	ļ	Starteu.	Date:	9 Tin	ne:	10.56	-
	Compatible V	KFL		Stopped:	Date:	Cy Tin	ne:	1101	•
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		KL-	PULSE	- 1	80	/		81	
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100000	9nd container Anherest	8 Restell'<51006	TIME		1056			llol	
	ed Cell Products MUST be Started with 0.9%		NURSE		(H.Chiai)	,		- H- Pha	:
Ī	ITRA-OPERATIVE INDICATIONS FOR TRAN		4	Assessmen		Phia	<u> 1</u> 2	N	
Ë	¬ — — — — — — — — — — — — — — — — — — —	IBOCYTOPENIA ILOPATHY			□yes:ID#:	334			
Ē	OTHER Indication:	COLATIII .			a Transfusion				
SI	GNATURE:	MD	* Whe	n YES (Se	ee Back of form	for REAC	TION '	Work-Up)	
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