

Blood Transfusion Record

Patient Name: _____ **DOB:** _____
Print Name

Patient ID#: _____ **Date:** _____

Transferring Hospital Name

Receiving Hospital Name

PRE-TRANSPORT IDENTIFICATION:

- Patient wristband ID compared with ALL blood component units at patient's bedside with hospital staff
- Products are packed in a validated transport container, with a pre-transfusion blood specimen if available
- Number and type of components agrees with physician's orders
- Patient has a dedicated venous access line with **only** blood and/or 0.9% NaCl running

Hospital Staff: _____ **Signature** _____
(RN or MD) Print Name

EMT-CC/P: _____ **Signature** _____ **NYS ID#:** _____
Print Name

Ambulance Service: _____ **NYS-EMS ID No.:** _____
Print Name

Vital signs, including patient temperature, are to be monitored every 10 minutes and recorded on PCR.

COMPONENTS TRANFUSED:

Component	Unit Identification Code	Unit ABO/Rh	Start Date and Time		End Date and Time		Adverse Reaction (Record details on PCR)	
			/	/	/	/	: <input type="checkbox"/> Yes	: <input type="checkbox"/> No
			/	/	/	/	: <input type="checkbox"/> Yes	: <input type="checkbox"/> No
			/	/	/	/	: <input type="checkbox"/> Yes	: <input type="checkbox"/> No
			/	/	/	/	: <input type="checkbox"/> Yes	: <input type="checkbox"/> No
			/	/	/	/	: <input type="checkbox"/> Yes	: <input type="checkbox"/> No

If acute transfusion reaction is suspected: stop infusion, replace all tubing and maintain IV line with 0.9% NaCl. Contact Medical Control ASAP. Treat per protocol. Remainder of unit and administration set must be given to receiving hospital staff. Do not initiate another unit unless advised to do so by Medical Control.

Medical Control Contacted: _____ **Phone Number** _____
Print Name

Was a transfusion reaction suspected? Check correct box below.

No - Transfusion Reaction NOT Suspected (Check off each item as completed.)

- Discard empty blood bags & used administration sets as medical waste
- Give the following to receiving hospital staff for delivery to blood bank:
 - Transport container(s)
 - Unused blood component(s)
 - Blood specimen(s) (if any)
 - Manifest/Packing slip
 - copy of Blood Transfusion Record

Yes - Transfusion Reaction Suspected (Check off each item as completed.)

- Give the following to receiving hospital staff for delivery to blood bank:
 - Transport container(s)
 - All blood bags
 - Used administration sets
 - Blood specimens (if any)
 - Manifest/Packing slip
 - Blood Transfusion Record
 - Pre-Hospital Care Report

Receiving Hospital Staff: _____ **Signature** _____
Print Name

Title

Date

Time

White Copy – Receiving Hospital Blood Bank
 Yellow Copy – Ambulance Transfusion Service
 Pink Copy – fax to Issuing Hospital Emergency Room after completed