

Hospital Center

BLOOD PRODUCTS ADMINISTRATION PROGRESS NOTE

ADDRESSOGRAPH AREA

Type of Transfusion <input type="checkbox"/> PRBC <input type="checkbox"/> Platelets <input type="checkbox"/> FFP <input type="checkbox"/> Cryoprecipitate Initial _____																																																					
Laboratory Data Hgb _____ Hct _____ Platelet Count _____ PT _____ PTT _____ Fibrinogen _____																																																					
I. Type of IV Access <input type="checkbox"/> Central venous line <input type="checkbox"/> Subcutaneous reservoir <input type="checkbox"/> PICC <input type="checkbox"/> Peripheral line, gauge # _____, site _____ <input type="checkbox"/> IV Access checked for patency Initial _____						IV. Normal Saline running <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> Place Blood Bank Label Here </div>																																															
II. Pre-medication <input type="checkbox"/> none ordered <input type="checkbox"/> YES, see MAR Initial _____																																																					
III. Transfusion Record signed and attached to unit Initial _____																																																					
V. Transfusion (UNIT 2) started at: _____ (military time) _____ (date) Initial _____																																																					
VI. VITAL SIGNS <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>Time</th> <th>P</th> <th>R</th> <th>BP</th> <th>Pain Scale</th> <th>Initial</th> </tr> </thead> <tbody> <tr> <td>Pre-Transfusion</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 minute</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>hourly</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>hourly</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>hourly</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>hourly</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>30 min. Post Transfusion</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Time	P	R	BP	Pain Scale	Initial	Pre-Transfusion						15 minute						hourly						hourly						hourly						hourly						30 min. Post Transfusion				
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VII. Transfusion (UNIT 2) completed at _____ (military time) _____ (date) Initial _____																																																					
Patient tolerated transfusion <input type="checkbox"/> YES <input type="checkbox"/> NONE Initial _____																																																					
Patient tolerated transfusion <input type="checkbox"/> NO Amount infused when transfusion stopped = _____ mL																																																					
Side Effects <input type="checkbox"/> fever <input type="checkbox"/> chills <input type="checkbox"/> headache <input type="checkbox"/> backache <input type="checkbox"/> SOB <input type="checkbox"/> urticaria <input type="checkbox"/> pruritis <input type="checkbox"/> change in temperature of one degree <input type="checkbox"/> drop in blood pressure <input type="checkbox"/> shock <input type="checkbox"/> pain along site of infusion <input type="checkbox"/> angioedema <input type="checkbox"/> hematuria <input type="checkbox"/> nausea <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> new onset pain <input type="checkbox"/> abdominal cramping Time noted _____ (military time) _____ (date) Tubing clamped, MD notified (name) _____ (time) _____ (military time) NS 50 mL/hour begun (time) _____ (military time) Initial _____																																																					
Comments:																																																					

SIGNATURE/TITLE	INIT	SIGNATURE/TITLE	INIT	SIGNATURE/TITLE