

Before starting transfusion, I certify that I have identified the recipient by inspection of the wristband and that the name and medical record number are the same as on this form. I further certify that the donor unit label has the same unit number, ABO group and RH as stated on this form.

TRANSFUSIONIST _____

DATE & TIME STARTED _____

VERIFIED BY _____

VITAL SIGNS: Pre-Transfusion, 15 min, q half hr., Post-Transfusion

	TIME	TEMPERATURE	PULSE	RESPIRATORY RATE	BLOOD PRESSURE	NURSE INITIALS
PRE-TRANSFUSION						
15 MINUTES						
1/2°						
1°						
1 1/2°						
2°						
2 1/2°						
3°						
3 1/2°						
4°						
POST-TRANSFUSION						

REACTION? Yes _____ No _____
TRANSFUSIONIST DATE & TIME TRANSFUSIONIST DATE & TIME

INSTRUCTIONS TO NURSING STAFF MEMBERS

IF YOU SUSPECT A POSSIBLE TRANSFUSION REACTION:

1. STOP the transfusion immediately. Keep the IV open with a slow drip of normal saline.
2. Call physician to evaluate the reaction. If there is a mild urticarial reaction alone, one can continue with the transfusion of the same unit. This will respond to oral or intramuscular antihistamines. For all other types of reactions **DO NOT** continue the transfusion.
3. Call the Blood Bank **IMMEDIATELY** to verbally report the possible reaction.
4. Complete the clinical symptoms below.
5. Place the original copy of this report on the patient's chart.
6. Obtain a properly labeled post transfusion blood specimen for Blood bank testing.
7. Save the blood component unit aseptically. (This applies to whole blood, packed cells, platelets, and FFP)
8. Send the post-transfusion blood sample, blood component bag, and a copy of this report to the Blood Bank ASAP.
9. Collect the first urine passed by the patient and send it to the laboratory marked "Transfusion Reaction Specimen".

CLINICAL SYMPTOMS: AMOUNT GIVEN: _____

HIVES _____	DYSPNEA _____	FEVER _____
RASH _____	PERSPIRATION _____	HEADACHE _____
ITCHING _____	HEMATURIA _____	CHEST PAIN _____
CHILLS _____	SHOCK _____	NAUSEA _____
SHAKING CHILLS _____	LOWER BACK PAIN _____	
(RIGORS) _____	OTHER _____	

VITAL SIGNS	PRE-TRANSFUSION	REACTION
TEMPERATURE		
BLOOD PRESSURE		
PULSE		

Comments: _____