

BLOOD BANK COMPONENT TAG AND ADMINISTRATION RECORD

PATIENT NAME:

LOCATION:

ACCOUNT #:

MR#:

DOB:

BLOOD TYPE:

ARMBAND#:

UNIT NUMBER:

COMPONENT:

UNIT BLOOD TYPE:

VOLUME:

EXP DATE/TIME:

CROSSMATCH:

UNIT ANTIGEN(S):

COMMENT:

TECH:

ISSUED TO:

DATE/TIME:

We certify that before starting this transfusion, we have checked the following:

1. Verified physician order and consent for transfusion.
2. Patient's first and last name on the ID band and component tag match.
3. Armband number on component tag and patient's band match.
4. The unit number on the container and component tag match.
5. Expiration date on component tag and blood product match and is not exceeded

Signature: _____ Signature: _____

Note: Blood may not be stored on the nursing unit; if not immediately infused, return to Blood Bank.

Date and Time transfusion started: _____

(Transfuse within 4 hours)

Date and Time transfusion completed: _____

Transfusion Reaction? NO _____ or YES _____ If yes, stop transfusion, see back of sheet

	Time	B/P	HR	Resp	Temp	Initials
Base						
15 min						
30 min						
60 min						
2 hrs						
3 hrs						
4 hrs						
Post						