

MANGUM REGIONAL MEDICAL CENTER



Blood Transfusion Outcome Review

Patient Name _____ **Date of Birth** _____
Medical Record # _____ **Date of Transfusion** _____
Type of Blood Product PRBCs LRBCs **Unit #** _____
 Platelets FFP

Documentation

Skill	Yes	No	N/A	Comments/Areas to Improve
Blood Consent Form Completed				
Pre-Transfusion Hct/Hgb				
Order in Healthland for Type and Screen for PRBCs				
Blood Properly Checked out from Blood Bank and documented				
Patient Verified X2 prior to Administration to include Blood ID Band				
At least one RN at bedside during blood verification along with another RN/LPN				
Blood Transfusion started within 30 mins of receiving from Blood Bank				
Blood Transfusion Assessment completed in Healthland				
OBI Transfusion Record Completed				
RN initiated Blood Transfusion				
Vital Signs taken before Transfusion				
Vital Signs taken Q 15 mins for first hour				
Vital Signs taken Q 30 mins for second hour				
Vitals Signs taken Q hour until completed				
Vital Signs taken 1 hour Post-Transfusion				
Transfusion completed within 4 hours				
Any Transfusion Reactions Noted				
Blood Transfusion Nursing Log completed				
Post-Transfusion Hct/Hgb				

Comments: _____

RN Signature	Date
QM/CNO Signature	Date