

BloodSafe Transfusion Checklist

BE SAFE! USE THE PRE-ADMINISTRATION BEDSIDE CHECKLIST IMMEDIATELY BEFORE TRANSFUSION

PRE-TRANSFUSION PREPARATION

Preparation of patient requirements

- ☐ Prescription/EMR order complete
- ☐ Procedure explained to patient, consumer information offered and given
- ☐ Informed consent documented
- ☐ ID band with correct details securely attached to patient
- ☐ IV access patent and suitable
- ☐ Required equipment available
- ☐ Baseline observations checked and documented
- ☐ Circumstances (including patient and staffing) appropriate to proceed
- ☐ Pre-medication and/or diuretics given or available for required time
- ☐ Blood product request/pick-up form is completed/printed with the **correct** patient details
- ☐ Hospital blood bank/transfusion laboratory notified of product requirement

Collection of the blood product

- ☐ Take documentation with the **correct** patient details and blood product prescribed
- ☐ Collect the **correct** blood product for the **correct** patient. Ensure all patient identification details and product details on the collection form match the pack details. Complete the required collection documentation e.g. fridge register/product register

Complete the pre-administration bedside checks immediately prior to transfusion (see page 2)

QUICK REFERENCE GUIDE: TRANSITION TO ISBT 128 DONOR NUMBER FOR BLOOD TRANSFUSION

Right Patient. Right Pack.

CHECK

Double Independent Bedside Check:

Right patient. Right product. Right pack. Right expiry (see page 2).

MATCH

All **three** Donor Numbers on the pack and both compatibility labels (ISBT 128 format).

DOCUMENT

Enter the Donor Number in the EMR or for paper processes use the second compatibility label.

SUNRISE EMR

Enter the 13-character Donor Number from the compatibility label, including the **first letter** and the **spaces**.

Example: Clinician 1

Check Pack/Donor Number

A5300 23 523987

Example: Clinician 2

Confirm Pack/Donor Number

A5300 23 523987

PAPER NOTES AND EMR DOWNTIME

For paper medical records place the second compatibility label on the appropriate record sheet for transfusion.

MORE INFORMATION

For more information refer to your hospital procedures and resources available on your hospital intranet, your hospital blood bank/transfusion laboratory and/or sahealth.sa.gov.au/bloodsafe.



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PRE-ADMINISTRATION BEDSIDE CHECKLIST

Two qualified staff must undertake the bedside checks immediately before administration.

Each person must complete all the checks independently.

If in doubt or there are discrepancies, **do not proceed**. Contact your hospital blood bank/transfusion laboratory.

Positively identify the patient

- ☐ Ask the patient to state and spell their full name and date of birth. If unable, verify identity with family/carer if present.
- ☐ Check full name (including spelling) and date of birth are identical to those on the patient's ID band.

Right patient

The patient ID band, patient compatibility labels and prescription must be identical and correct for:

- ☐ Surname
- ☐ Given name(s)
- ☐ Date of birth
- ☐ Medical record number.

Right product

The prescription, blood pack label, patient compatibility labels and component type must be identical and correct for:

- ☐ The product to be transfused, including the volume and/or dose
- ☐ Any special product requirements needed for the patient e.g. irradiated.

Right pack

The blood pack label and patient compatibility labels must be identical and correct:

- ☐ Check the blood group of donor and the blood group of patient are identical. If the blood group of the blood pack and the patient are not identical, the hospital transfusion laboratory will make a comment that it is compatible/most suitable for this patient. Contact the hospital blood bank/transfusion laboratory if differences are not noted by the laboratory.
- ☐ Ensure the donor number on the patient compatibility labels matches the blood pack label (see Page 1).

Blood pack expiry and integrity

- ☐ Check that the blood pack is within the expiry date and time.
- ☐ Check that the crossmatch expiry date and time on the patient compatibility label is within date.
- ☐ Inspect the pack for defects such as leakage, damage to the pack/packaging/ports, haemolysis, large clots, turbidity, unusual discolouration.

Blood administration

- ☐ One of the people involved in the checking process must spike and connect the product to the patient without delay.
- ☐ Closely observe the patient and monitor their vital signs throughout the transfusion.

Documentation

Record/enter the:

- ☐ 13-character donor number, including the first letter and spaces e.g. A5300 23 523987, or for paper-based records use the second compatibility label
- ☐ Start and finish date and time
- ☐ Two checking names and signatures.

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