

Bedside Audit Order Form References

SECTION: Transfusion Order Confirmation:

- [Physician's orders written:](#)

CSA Z902-15 (11.4.3) CSTM v4 2017 (5.9.1.4)

Transfusions shall be prescribed by a physician and administered according to operating procedures. **CSA Z902-15 (11.4.4)**

The rate of infusion should be specified by a physician.

CSTM v4 2017 (5.9.1.4)

Transfusion of blood components and blood products shall be prescribed by a physician or other authorized health care professional. The transfusion order shall specify the rate of infusion, if not in the standard operating procedure for transfusion.

- [Evidence of Informed Consent:](#)

CSA Z902-15 (11.2.1) CSTM v4 2017 (5.8.6.2)

There shall be an operating procedure for obtaining informed consent of the recipient prior to the transfusion of whole blood and blood components. Information given to the recipient shall include

(a) A description of the whole blood or blood component;

(b) The associated risks and benefits, including life-threatening risks; and

(c) Alternatives, if appropriate to clinical circumstances, including benefits and risks.

Note: *Policies and procedures for informed consent are usually developed and maintained by the health care facility as a whole. This Clause is intended to ensure that essential information about transfusion is included when whole blood and blood components are involved.*

SECTION: Identification of Patient Check:

- [Identification of Recipient:](#)

CSTM v4 2017 (5.9.3.1)

Policies, processes and procedures shall be established to ensure continuous and unequivocal identification of the recipient from the sample collection through to transfusion.

CSA Z902-15 (11.3.1)

Before any transfusion of blood components, there shall be unequivocal identification of the recipient and of the component to be transfused to ensure they match the information in the written request for blood components, as detailed in Items a) to f) in Clause 10.2.1. The person performing the transfusion shall confirm and document that all information associating the blood component with the proposed recipient has been matched and verified in the physical presence of the recipient, as defined in the operating procedures.

Note: *Information matching and verification take place in the physical presence of the recipient so that a direct comparison can be made between the blood component request (see Clause 10.2.1) and the available visual information (e.g., on the recipient's identification band) or verbal information (from a conscious recipient).*

SECTION: Verification of Component:

- [Identification of Blood Component:](#)

CSA Z902-15 (11.3.2)

There shall be unequivocal identification of the blood component before any transfusion of blood components

SECTION: Procedure Check:

- Was the IV established and patent prior to receiving the blood?

CSTM v4 2017 (5.9.5.2)

Venous access shall be established as per established hospital policy and procedures. Needle gauge shall be a diameter large enough to allow appropriate flow rates and avoid cell damage.

CSA Z902-15 (11.4.9)

Before the infusion of blood components, the administration line and filter shall be primed with blood component or a compatible solution.

Bloody Easy Blood Administration v2 (page 17)

Ensure that the IV access is dedicated to the transfusion.

- Was patient advised of symptoms to watch for and report during or following transfusion?

CSA Z902-15 (11.4.16)

The recipient shall be observed during the transfusion and for an appropriate time thereafter for suspected adverse events. Instructions concerning possible adverse events shall be provided to the recipient, or to a responsible caregiver, when direct medical observation or monitoring of the recipient will not be available after transfusion.

CSTM v4 2017 (5.9.4.10)

Before, during, and after transfusion, recipient vital signs shall be monitored and documented. The recipient shall be monitored by qualified personnel for suspected adverse reactions during and after the transfusion. If direct medical monitoring is not possible after transfusion, the recipient or a responsible caregiver shall be given instructions concerning possible adverse reactions.

- Pre-transfusion vital signs checked within 30 min prior to transfusion?

CSA Z902-15 (11.4.15)

Recipient vital signs shall be recorded before, during, and after transfusion.

CSTM v4 2017 (5.9.4.10)

Before, during, and after transfusion, recipient vital signs shall be monitored and documented. The recipient shall be monitored by qualified personnel for suspected adverse reactions during and after the transfusion. If direct medical monitoring is not possible after transfusion, the recipient or a responsible caregiver shall be given instructions concerning possible adverse reactions.

Bloody Easy Blood Administration v2 (page25)

Monitor the patient closely and document vital signs: prior to the transfusion – within previous 30 minutes.

- Were vital signs checked 15 minutes after the start of the transfusion?

CSA Z902-15 (11.4.15)

Recipient vital signs shall be recorded before, during, and after transfusion.

Bloody Easy Blood Administration v2 (page25)

Monitor the patient closely and document vital signs: Prior to the transfusion – within previous 30 minute, After the first 15 minutes of the blood unit, At prescribed intervals, according to your hospital policy, At the end of the unit, If there is a suspected reaction

Bloody Easy V4 (page 21,30,35)

Monitor patient. Check patient's vital signs: prior to starting each unit, 15 minutes after starting, at end of transfusion, during any transfusion reactions.

Transfuse slowly (50 mL/hr) for the first 15 minutes, where appropriate.

Monitor the patient closely for the first 15 minutes.

- **Post transfusion vital signs checked after transfusion is complete?**

CSA Z902-15 (11.4.15)

Recipient vital signs shall be recorded before, during, and after transfusion.

Bloody Easy Blood Administration v2 (page25)

Monitor the patient closely and document vital signs: Prior to the transfusion – within previous 30 minute, After the first 15 minutes of the blood unit, At prescribed intervals, according to your hospital policy, At the end of the unit, If there is a suspected reaction

Bloody Easy 4 (page 21,30,35)

Monitor patient. Check patient's vital signs: prior to starting each unit, 15 minutes after starting, at end of transfusion, during any transfusion reactions.

Transfuse slowly (50 mL/hr) for the first 15 minutes, where appropriate.

Monitor the patient closely for the first 15 minutes.

References:

1. CSTM Standards for Hospital Transfusion Services. Ver 4, CSTM, Ottawa, Canada; 2017.
2. CAN/CSA-Z902-15 A National Standard of Canada Blood and Blood Components. Standards Council of Canada, CSA Mississauga, Canada; 2015.
3. Callum JL, Pinkerton PH, Bloody Easy 4 Blood Transfusions, Blood Alternatives and Transfusion Reactions – A Guide to Transfusion Medicine, Sunnybrook Health Sciences Centre, Toronto, Canada; ver 4: 2016.
4. Lima A, Bloody Easy Blood Administration Ver2– A Handbook for Health Professionals, Ontario Regional Blood Coordinating Network; 2015.