

Tips on the Bedside Audit Form...

Bedside Audit Form

Order Number
Assigned by the online tool, record assigned number when entering data into the tool

Bedside Audit Check

Order number:

* Priority: Routine Urgent Stat

* Ward/Area: ER ICU/CCU OR/RR
 Medical/Surgery Ward
 Chronic Care/Rehab

Patient Code#:
Record on code from Bedside Audit Tracking Log Form

RBC
 Platelets
 Plasma
 Cryoprecipitate

* Patient Code

* Time unit left laboratory:

Order Confirmation Check

You will need to go to the patient chart to check this

Order Confirmation Check: [See References 1-2]

* Is the physician's order documented? Yes No

If yes, * Is component type specified?

Yes No

* Is the infusion rate specified?

Yes No

* Is there evidence that Informed Consent was obtained?

Yes No

* Was the component verified against the physician order upon receipt on the clinical area?

Yes No

Identification of Patient Check: [See Reference 3]

Was the component verified against the physician order?

You may need to ask the transfusionist if this was done

* Was the recipient information on the TS label/tag compared to the recipient information on the Laboratory Request form? Yes No

* Were the recipient's name and one additional unique identifier on the TS label/tag compared with the identification attached to the patient? Yes No

* Did the confirmation of the patient's identification and the TS label/tag take place in the presence of the patient? (at the bedside) Yes No

Verification of Component: [See Reference 4-5]

* Was the donor unit ABO/Rh on the CBS label verified to match that on the TS label/tag? Yes No

* Was the donor unit number on the CBS label verified as identical to that on the TS label/tag? Yes No

* Was the recipient's ABO/Rh on the TS label/tag confirmed to be compatible with the donor unit? Yes No

If no indicate reason:

* Was the expiry date on the blood component verified to be acceptable?

N

Was the recipient's ABO/RH on the TS label/tag confirmed to be compatible?

If this step is not part of your facility's procedure, answer no and then make a comment in the box.

You may need to ask the transfusionist if this was done.

Procedure Check: [See References 6-10]

* Time infusion started:

Time infusion Finished:

* Was the IV established and patent when the blood component arrived at the bedside?

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

Yes No N/A

* Were pre-transfusion vital signs checked within 30 minutes prior to transfusion?

Yes No

If not within 30 minutes, specify:

30 min – 1 hour 1 – 2 hours > 2 hours

* Were vital signs checked 15 min after start of transfusion?

Yes No

* What vital signs were documented during transfusion?

Temperature

Blood Pressure

Pulse

Respiration

Other (please specify):

* Were post-transfusion vital signs checked at the end of transfusion?

Yes No

Name of Auditor:

Initials: