Bedside Audit Cover Page – Initial Order Entry

Introduction:

Hospital policies and procedures relating to transfusion of blood components and products are created to help ensure patients receive the correct blood component as prescribed by their physician in the safest manner possible. Performing regular audits of the transfusion process can provide a useful indicator for patient safety by monitoring if policies and procedures are being followed consistently.

Blood components are an important part of patient care but are not without risk. The highest risk of severe adverse reaction relating to blood transfusion (including death) is the transfusion of an incorrect unit to the wrong patient. The patient bedside is the last point at which such an error can be prevented. Therefore, the verification checks performed on the patient's identification and the blood component labels just prior to transfusion are critical steps in the transfusion process.

5 checks of safe blood verification are:

1. Confirm the correct identity of the recipient at the bedside
2. Confirm the correct blood component / product type
3. Confirm the correct blood component / product identification number
4. Check the compatibility of the ABO/Rh group of the blood component and the recipient
5. Check the expiry date on the blood component / product to ensure it is in date

Glossary of Terms

Word/Phrase	Explanation
CBS Label	Label applied to the blood component by the blood supplier
TS Label/Tag	Label applied / attached to the blood component by the Transfusion Services (TS)
Laboratory request form/electronic request	Form or LIS request sent by the clinical area to document the component requested for a particular patient
Patent	Indicates that fluid can flow through IV tubing into patient's blood vessel
Acceptable Expiry Date	Product will not be transfused after date listed on TS label/Tag or CBS label

General Questions: *(Please complete and submit)*

1. Does your facility have a policy specific for blood component administration? ❍ Yes ❍ No
2. Does your facility have transfusion information to be provided to patients? ❍ Verbal ❍ Written ❍ Electronic ❍ Not Provided
3. Are staff who administer blood products trained and certified with competency assessment? ❍ Yes ❍ No
4. If Yes: How often is the competency assessed? ❍ 1 yr ❍ 2 yrs ❍ Other OTHER

Bedside Audit Form

ORBCoN
Ontario Regional Blood Coordinating Network

Bedside Audit Order

Order number:

* Transfusion date:

* Priority: ❍ Routine ❍ Urgent ❍ Stat

* Ward/Area: ❍ ER ❍ ICU/CCU ❍ OR/RR ❍ Outpatient Clinic ❍ Medical/Surgery Ward ❍ Obstetrical Unit ❍ Chronic Care/Rehab ❍ Neonatal/Pediatric

*Site Name (multi centers)

* Blood Component: ❍ RBC ❍ Platelets ❍ Plasma ❍ Cryoprecipitate

*Patient Code

*Time unit left laboratory:

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 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? ❍ Yes ❍ No

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? ❍ Yes ❍ No

* 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:

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