**Documentation Log: Deferred/Cancelled Surgeries During Blood Shortage**

(Use this form if no facility specific form is available)

**Instructions for completion:** Use this log sheet to record any surgeries deferred or cancelled as a result of blood shortage.

CBS Notification Phase: \_ Amber \_ Red \_ Recovery

Blood Component:

Date of notification of blood shortage received:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date/time | Patient name/ID & location | Procedure | Elective or emergency | Component &estimated # units/ dose | Rescheduled | Comments |
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**Documentation Log: Platelet Orders During Blood Shortage**

(Use this form if no facility specific form is available)

**Instructions for completion:** Use this log sheet to record any platelet use or deferral due to a blood shortage

CBS Notification Phase: \_ Amber \_ Red \_ Recovery

Blood Component: PLATELETS

Date of notification of blood shortage/advisory received:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date/time | Patient name/ID | Location | Ordering MD Specialty | Plt Count | Indication for use | No. of doses ordered/transfused | Comments |
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**Documentation of Blood Orders (non-surgery) During a Blood Shortage**

**Instructions for completion:** Record all orders, indicate if order was filled, reduced or deferred. Use the comment field to note any remarkable events including blood group substitutions if ABO/Rh type specific blood is not available. Use new page each day.

CBS Notification Phase: \_ Green Advisory \_ Amber \_ Red \_Recovery

Blood Component:

Date of notification of blood shortage received:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Patient name/ID & location | Products ordered | Time | Products issued | Relevant laboratory results (e.g. hgb, plt) | Comments - alternative therapy or adverse events |
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Triage MD Name: Signature: Date:

Name / Signature of Documenter (if not Triage Officer):

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