RBC Audit Data Entry Form

Institutional Questions (answer only once)

A. Hospital Name – will automatically appear upon log in

B. How many RBC units were transfused at your institution in 2012?
[enter the number]_____________

C. Does your institution have RBC transfusion guidelines? ☐Yes ☐No

D. Does your institution use pre-printed transfusion orders? ☐Yes ☐No

E. Does your institution use computerized physician order entry (CPOE) for transfusion orders? ☐Yes ☐No

E.a If yes, does the CPOE have transfusion decision support? ☐Yes ☐No

F. Is pre-transfusion hemoglobin (Hb) checked by the blood transfusion laboratory prior to issuing a RBC unit? ☐Yes ☐No

G. Are you currently running clinical trials looking at transfusion triggers? ☐Yes ☐No

Comment Box

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RBC Manual Audit Sheet

For site records only- please enter all records electronically into RBC audit tool.

1. Patient Audit Code ____________________

2. Patient Sex: ☐Male ☐Female

3. Patient birth month: ______ **Patient birth year**:______

4. Transfusion order number (system generated): _______________

5. Transfusion order date:__________________ **Order time**:_______________

6. Number of RBC units ordered:_________

7. Number of RBC units transfused:_________

"If at least 1 RBC transfused, enter date of 1st RBC unit issued for this order:

Issue Date:_________________________ Issue Time:____________________

8. To what location was the RBC issued?

☐Emergency	☐ ICU (including CCU, CVICU, Neuro ICU)	☐ Inpatient	☐ Operating room (including recovery room)	☐ Outpatient clinic
☐ No units issued				

9. What is the specialty of the Most Responsible Physician?

☐ Anesthesia	☐Cardiac surgery	☐ Cardiology	☐ Critical care medicine	☐ Emergency
☐ ENT	☐ Family Medicine	☐Gastroenterology	☐ General surgery	☐ Gynecology surgery
☐ Hematology	☐ Internal Medicine	☐ Neonatology	☐ Nephrology	☐ Obstetrics
☐ Oncology	☐ Orthopedic surgery	☐ Pediatrics	☐Respirology	☐ Urology
☐Vascular surgery	☐ Not known	☐ Other		

Other ____________________________________

10. Position of practitioner <u>ordering</u> the RBC transfusion?

☐ Nurse practitioner	☐Resident physician	☐Staff physician	☐ Not known

☐Other___________________________________

11. What is the specialty of the ordering practitioner?

Same as Most responsible physician ☐Yes ☐No (if no, please select specialty below)

☐ Anesthesia	☐Cardiac surgery	☐ Cardiology	☐ Critical care medicine	☐ Emergency
☐ ENT	☐ Family Medicine	☐Gastroenterology	☐ General surgery	☐ Gynecology surgery
☐ Hematology	☐ Internal Medicine	☐ Neonatology	☐ Nephrology	☐ Obstetrics
☐ Oncology	☐ Orthopedic surgery	☐ Pediatrics	☐Respirology	☐ Urology
☐Vascular surgery	☐ Not known	☐ Other		

Other_____________________________________

12. Was a pre-transfusion hemoglobin done?

☐ Yes- Results available (see a and b) ☐ No

a) What was date and time of hemoglobin? Date:______________ Time:_______________

b) What was the hemoglobin result? __________________ g/L

13. Was a post transfusion hemoglobin done within one week?

☐ Yes- Results available (see a and b) ☐ No

a) What was date and time of hemoglobin? Date:______________ Time:_______________

b) What was the hemoglobin result? __________________ g/L

14. What was the admitting diagnosis?

☐ Cardiac	☐ Cerebrovascular	☐ Gastrointestinal	☐ Hematologic-non malignant	☐Obstetric/Gynecologic
☐ Oncologic	☐Orthopedic	☐ Renal/urologic	☐ Respiratory	☐ Trauma
☐ Not known	☐ Other			

Other _______________________________ (please write diagnosis)

List the reason for admission in the free text box. **You may also list any comments on this transfusion order here, if necessary.**

Questions 15 and 16 are optional for this audit. If the pre-transfusion Hb is 80g/L or higher, please review chart for answers to questions 15 and 16. If the pre-transfusion Hb is < 80g/L, please answer “not known” if clinical indication is not specified.

15. What was the clinical indication for the RBC transfusion? (check all that apply)

☐ Bleeding	☐ Low Hg without symptoms	☐ Preoperative transfusion (within 48hrs prior to surgery)	☐Post operative transfusion (within 48 hrs after surgery)	☐ Symptomatic anemia
☐ Not known				

☐Other_______________________________

If symptomatic, then check all that apply:

☐ Chest pain
☐ Fatigue/weak
☐ Hypotension
☐ Lightheadedness/dizzy
☐ Orthostatic hypotension
☐ Palpitations
☐ Shortness of breath
☐ Syncope
☐ Tachycardia
☐ Other ____________________________

If bleeding, select site of bleed?

☐ Nose
☐ Gums
☐ Brain
☐Soft tissue (skin or muscle)
☐ Respiratory
☐ GI
☐ Urinary
☐ Vaginal
☐ Other _____________________________

If bleeding, did the hemoglobin drop more than 20g/L in the 24 hrs prior to issue of the 1st RBC unit?

☐ Yes ☐ No ☐ Not known

16. What comorbidities does the patient have? (check all that apply)

☐ Cardiac	☐ Cerebrovascular	☐ Chemotherapy/Radiotherapy	☐ Hematologic-non malignant	☐ Respiratory