**TRANSFUSION CHECKLIST**

For references, refer to [Bloody Easy Blood Administration Version 3](https://example.com), Summary: Transfusionist’s Accountability: Transfusion Checklist (page 80-89).

Unequivocal (unmistakeable) identification of the patient is mandatory.

Patient must be wearing a patient identification armband. Patient identification information must remain attached to the blood for the duration of the transfusion.

### PRE-TRANSFUSION

- **✓ Informed Consent**
  - Per policy/procedure, questions addressed
  - Exception: emergent, life-threatening bleed

- **✓ Transfusion Order**
  - Indication supported: labs, signs, symptoms
  - Complete, required information included

- **✓ Group & Screen Testing**
  - Required for compatible blood components
  - ABO, Rh(D) blood groups, antibody screen (clinically significant antibodies)
  - Label tube of blood at patient’s bedside

- **✓ Prepare the Patient**
  - Educate: symptoms indicative of reaction
  - Assess for transfusion history and TACO risk factors; follow up if indicated

- **✓ Prepare the Equipment**
  - Dedicated, patent IV (peripheral or central)
  - Compatible IV fluid (only 0.9 % NaCl [sodium chloride] for blood components)
  - Blood components – tubing/filter (170-260 microns); change after 4 units or 4 hours
  - Platelets – always NEW/FRESH tubing/filter
  - Prime tubing/filter: blood or compatible IV fluid
  - IV setup to stop abruptly & maintain TKVO: 0.9% NaCl flush syringes + any fluid IV line or 0.9% NaCl IV line
  - Infusion Devices: if Health Canada approved

- **✓ Pick Up Blood from TML (Transfusion Medicine Lab)**
  - Patient identification (surname, first name, unique identification number) and order

### TRANSFUSION

- **✓ Checking Blood Components/Blood Products**
  - Blood received matches transfusion order
  - At bedside, in physical presence of patient
  - 1. **Patient Identification**: surname, first name, unique identification number **identical** on armband, order, transfusion & chart label/tag
  - 2. **ABO, Rh(D) Blood Groups (only for Components)**: identical/compatible on Group & screen test, CBS (Canadian Blood Services) label, transfusion & chart label/tag
  - 3. **Unit (Components) / Lot (Products)**
    - Number: identical on CBS label (Components) / manufacturer label (Products), transfusion & chart label/tag
  - 4. **Visual Inspection & Expiry**
    - Components: no clots, usual colour, ports intact, expires 4 hours after issue from TML
    - Products: packaging/seal intact, colour as per manufacturer, vials/glass bottles – once entered/spiked, expires after 4 hours

- **✓ Patient Assessment and Vital Signs** (for each unit)
  - Close monitoring/observation required
  - Minimum: within 30 minutes of starting, 15 minutes after starting, upon completion
  - Temp, BP, pulse, respiratory rate, oxygen saturation; if TACO risk - chest auscultation

- **✓ Infusion Rate** (for each unit)
  - 50 mL/hour for first 15 minutes; can be deferred if acute bleeding
  - Re-check after 15 minutes, if no indication of reaction then increase to rate as ordered

- **✓ Possible Transfusion Reaction**
  - If any adverse/unexpected/serious symptoms, STOP transfusion; refer to [TITSS Reaction Chart](https://example.com)

### POST-TRANSFUSION

- **✓ Completing the Transfusion**
  - Comply with expiry time specific for blood component/blood product
  - Outside the expiry time, discard remainder
  - Component tubing: flush with 0.9 % NaCl
  - Products given IV: flush (tubing/IV site) with compatible IV fluid
  - Some hospitals require returning the empty blood bag to TML
  - Otherwise dispose of blood tubing/bags in biohazardous waste
  - Re-assess patient and re-check vital signs:
    - at end of transfusion
    - periodically post-transfusion (reactions may occur 4 hours post-transfusion; for dyspnea reactions up to 24 hours post transfusion)

- **✓ Documentation**
  - File completed chart label/tag for each component or product transfused on patient’s health record (include start and stop times)
  - Some hospitals require a completed “transfusion record” form returned to TML
  - Record volume transfused, vital signs and patient assessments
  - If a transfusion reaction is suspected: report to TML, document signs and symptoms, patient care

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