BEDSIDE AUDIT OF BLOOD ADMINISTRATION FORM – COMPONENTS

ORBCoN
Ontario Regional Blood Coordinating Network

Demographics	**Hospital Name:**	
Record ID: *(REDCap generates)*	**Patient Code:** *(Created by Auditor, as per tracking log)* ***To avoid patient privacy breaches, do not use patient identifiers (i.e., initials, hospital number, accession number) or blood unit number.***	**Transfusion Date:**
Transfusion Priority: ☐ Routine ☐ Urgent ☐ Stat	**Transfusion Location:** *(Select location that best aligns to your site locations)* ☐ Chronic Care/Rehabilitation ☐ Emergency ☐ Intensive/Cardiac Care Unit ☐ Medical/Surgical Ward ☐ Neonatal/Pediatric ☐ Obstetrical Unit ☐ Operating Room ☐ Outpatient Clinic ☐ Post Anesthetic Care Unit ☐ Other *(specify)* _____	

Blood Component:

☐ Red Blood Cells (RBC) ☐ Platelets ☐ Plasma ☐ Cryoprecipitate (Cryo)

Pre-Transfusion Checks - Transfusionist (References # 1)	
Was the authorized prescriber's order documented?	☐ YES ☐ NO
Did the order include: • Component type • Volume/quantity/dose • Rate/duration of transfusion or stated in facility specific standard operating procedure	 ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO
Was informed consent documented? *(Only select "Yes" if the transfusionist verified informed consent was documented)*	☐ YES ☐ NO
Was the IV established and * patent prior to the component arriving at the clinical area?	☐ YES ☐ NO
Pre-Transfusion Checks – Transfusion Service (TS) (References # 2)	
Were the * **Transfusion Medicine (TM) patient identifiers** on the order/pick-up slip verified to match those on the TS label/tag on the component?	☐ YES ☐ NO
Time component issued from TS:	___:___ hrs.
Transfusion (References # 3)	
Was the component type received from TS verified to match the authorized prescriber's order?	☐ YES ☐ NO
Were all the checks done in the presence of the patient, at the bedside?	☐ YES ☐ NO
Patient Identification Checks (References # 4)	
Were the * **TM patient identifiers** verified to be identical on the following: • Patient's arm band • Authorized prescriber's order • TS label/tag	 ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO
Were the patient identification checks documented in the paper/electronic medical record (EMR)?	☐ YES ☐ NO
Component Checks (References # 5a)	
Were the **ABO/Rh(D) blood groups** (as applicable to the component being transfused) **of the patient and the component** verified to be identical or compatible: • Patient ABO/Rh(D) test results (Group & Screen test) • Canadian Blood Services (CBS) label • TS label/tag If <u>*not identical*</u>, was compatibility validated (e.g., transfusionist's knowledge stated, compatibility chart consulted)?	 ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐ N/A ☐ YES ☐ NO

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Was the **unit number** verified as identical on: • CBS label • TS label/tag	 ☐ YES ☐ NO ☐ YES ☐ NO
Was the **expiry** date on the blood component verified to be acceptable?	☐ YES ☐ NO
Were date and time of issue from TS checked to determine the **maximum timeframe** for completing the transfusion?	☐ YES ☐ NO
Were the component checks documented in the paper/electronic medical record (EMR)?	☐ YES ☐ NO
Procedure Checks (References # 6)	
Was the patient advised of signs & symptoms to watch for and report during or following the transfusion?	☐ YES ☐ NO ☐ N/A FOR PATIENT
Was blood administration tubing with 170-260 micron filter used?	☐ YES ☐ NO
Was IV fluid 0.9% sodium chloride used?	☐ YES ☐ NO
Was the transfusion start time documented?	☐ YES, START TIME ___:___hrs ☐ NO
Were vital signs checked within 30 minutes prior to transfusion?	☐ YES ☐ NO
Was the transfusion started at a slow rate (adults: 50 mL/hr; neonates/pediatrics: 1 mL/kg/hr, to maximum 50 mL/hr) for the first 15 minutes of transfusion?	☐ YES ☐ NO ☐ N/A PATIENT SITUATION
Were vital signs checked 15 minutes after start of the transfusion?	☐ YES ☐ NO
For vital signs checks, indicate if the vital sign parameter was assessed: • Temperature • Blood Pressure • Pulse • Respiration • Oxygen Saturation • Other *(specify)*	 ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO _____
Was the transfusionist aware of the steps to manage a transfusion reaction?	☐ YES ☐ NO
Post-Transfusion (References # 7)	
Was the transfusion end time documented?	☐ YES, END TIME: ___:___ hrs ☐ NO ☐ AUDITOR DID NOT ASSESS
Was the transfusion completed within 4 hours from time of issue from TS?	☐ YES ☐ NO ☐ UNKNOWN
Were vital signs checked on completion of the transfusion?	☐ YES ☐ NO
Did the TS label/tag remain attached to the component until completion of transfusion?	☐ YES ☐ NO
Does paper/electronic medical record (EMR) documentation provide the identity of the transfusionist?	☐ YES ☐ NO
Does the paper/electronic medical record (EMR) documentation include: • Volume transfused • Vital signs • Patient assessments (if applicable e.g., a transfusion reaction occurred) • None of the above documentation was assessed by the auditor	 ☐ YES ☐ NO ☐ YES ☐ NO ☐ N/A ☐ YES ☐ NO ☐ AUDITOR DID NOT ASSESS
Summary	
Name of Auditor:	**REDCap Entered By:**
Comments:	
* **Patent:** correctly placed IV which permits IV solution to flow directly into the vein * **TM patient identifiers** include: 1. Patient surname & first name 2. Unique hospital identification number	