BEDSIDE AUDIT OF BLOOD ADMINISTRATION FORM – PRODUCTS

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 Product: ☐ Albumin ☐ Fibrinogen Concentrate ☐ Intravenous Immune Globulin ☐ Prothrombin Complex Concentrate ☐ Other *(specify)* ________________

Pre-Transfusion Checks – Transfusionist (References # 1)	
Was the authorized prescriber's order documented?	☐ YES ☐ NO
Did the order include: • Product type • Volume/quantity/dose • Rate/duration of infusion or stated in facility specific standard operating procedure (as per manufacturer's recommendations)	 ☐ 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 product arriving at clinical area?	☐ YES ☐ NO ☐ N/A FOR PRODUCT
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?	☐ YES ☐ NO
Time product issued from TS:	___:___ hrs.
Transfusion (References # 3)	
Was the product 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
Product Checks (References # 5b)	
Was the **lot number** verified as identical on: • Manufacturer labelling • TS label/tag	 ☐ YES ☐ NO ☐ YES ☐ NO ☐ N/A FOR PRODUCT
Was the **expiry** date on the blood product verified to be acceptable?	☐ YES ☐ NO
Were date & time of entering/spiking product vial/bottle checked to determine **maximum timeframe** for completing the infusion?	☐ YES ☐ NO ☐ N/A FOR PRODUCT

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Were the product 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 infusion?	☐ YES ☐ NO ☐ N/A FOR PATIENT
Was appropriate IV tubing used (as per the manufacturer e.g., vented tubing, standard IV tubing)?	☐ YES ☐ NO ☐ N/A FOR PRODUCT
Was compatible IV fluid used (as per the manufacturer)?	☐ YES ☐ NO ☐ N/A FOR PRODUCT
Was the infusion start time documented?	☐ YES, START TIME ___:___hrs ☐ NO
Were vital signs checked within 30 minutes prior to infusion?	☐ YES ☐ NO
Was the infusion rate within manufacturer's recommendations?	☐ YES ☐ NO ☐ N/A FOR PRODUCT
Were vital signs checked 15 minutes after start of the infusion?	☐ YES ☐ NO ☐ N/A FOR PRODUCT
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 infusion end time documented?	☐ YES, END TIME ___:___ hrs ☐ NO ☐ AUDITOR DID NOT ASSESS ☐ N/A FOR PRODUCT
Was the infusion completed within 4 hours from time of entering/spiking the product vial/bottle or as per the manufacturer's recommendations?	☐ YES ☐ NO ☐ UNKNOWN ☐ N/A FOR PRODUCT
Were vital signs checked on completion of the infusion?	☐ YES ☐ NO ☐ N/A FOR PRODUCT
Did the TS label/tag remain attached to the product until completion of the infusion?	☐ 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 and first name 2.Unique hospital identification number