

# Blood Component Prescribing Checklist

If blood components are required in an emergency, contact your Transfusion Service Provider immediately.

Task	Checklist
<b>Confirm patient identity</b>	<b>Check three patient identifiers:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Ask the patient to state their full name and date of birth.</li><li><input type="checkbox"/> Check unique hospital ID number.</li><li><input type="checkbox"/> Confirm these are identical on the prescription and the patient's wristband.</li></ul>
<b>Obtain and document consent</b>	<b>Explain the transfusion to the patient, obtain and document consent (follow your local policy).</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Ensure you cover the following:<ul style="list-style-type: none"><li>• reasons for transfusion</li><li>• risks, benefits and alternatives (including no treatment)</li><li>• process of transfusion, and</li><li>• provide the patient or carer with written information and the opportunity to ask questions.</li></ul></li><li><input type="checkbox"/> Document consent or refusal.</li></ul>
<b>Collect pretransfusion sample</b>	<b>Contact your Transfusion Service Provider to determine if a current pretransfusion sample/ cross-match is available and valid. If not, complete the following:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Complete a pretransfusion testing request form, recording the clinical indications and the date and time blood product is required.</li><li><input type="checkbox"/> When collecting the patient sample:<ul style="list-style-type: none"><li>• confirm patient identity</li><li>• label samples immediately after collection with full patient name, date of birth and/or unique hospital ID number</li><li>• record date and time of collection</li><li>• confirm patient details on blood sample and request form are identical, and</li><li>• sign both the blood sample and collector's declaration on request form.</li></ul></li><li><input type="checkbox"/> Transport the sample to your Transfusion Service Provider.</li></ul>
<b>Documentation and communication</b>	<b>Blood component prescription must be documented, consented, and communicated to ward and clinical staff.</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Ensure you complete documentation with the following information:<ul style="list-style-type: none"><li>• full patient name, location of patient, date of birth and/or unique hospital ID number</li><li>• number and type of blood components requested (avoid using abbreviations)</li><li>• any special requirements or modifiers e.g. IgA deficient</li><li>• date and time required, including degree of urgency</li><li>• patient information including indication for transfusion, patient's diagnoses and relevant transfusion and obstetric history, and</li><li>• identity and signature of prescriber with date.</li></ul></li><li><input type="checkbox"/> Inform clinical staff caring for the patient that the blood component has been prescribed.</li></ul>
<b>Monitor for signs of transfusion reactions</b>	<b>If suspected transfusion reaction occurs:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Stop the transfusion.</li><li><input type="checkbox"/> Activate emergency procedures if required.</li><li><input type="checkbox"/> Follow your local transfusion reaction protocols.</li></ul>
<b>Review response to transfusion</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Assess to determine if desired outcome has been achieved.</li><li><input type="checkbox"/> Assess patient for further blood component transfusions as necessary.</li><li><input type="checkbox"/> Document the patient assessment.</li></ul>