

Blood Component Administration Checklist

Familiarise yourself



Patient

The ID band attached to your patient



Prescription

An electronic or handwritten form completed by the prescribing physician



Component

1. Component label attached by Lifeblood
2. Compatibility label attached by the Transfusion Service Provider

Remember

You must verify the patient's identity at each stage of the administration process. Ask the patient (if conscious and competent) to state and spell their first and family names in full, state their DOB, and ensure they are identical to the identification band.

Ensure each outcome is OK before proceeding

1 Preparation for transfusion	Outcome	If 'NO' complete the following action
Staff and equipment are available	<input type="checkbox"/> OK <input type="checkbox"/> NO	Ensure these are sufficient and transfusion is being performed in a clinical area
Informed consent discussion has occurred and is documented	<input type="checkbox"/> OK <input type="checkbox"/> NO	Confirm that the patient understands the procedure and consent has been obtained
Prescription is valid	<input type="checkbox"/> OK <input type="checkbox"/> NO	Obtain valid prescription
IV access is patent	<input type="checkbox"/> OK <input type="checkbox"/> NO	Ensure IV access is patent and sufficient
Patient ID band is attached and correct – ask the patient or carer if possible	<input type="checkbox"/> OK <input type="checkbox"/> NO	Ensure correct patient ID band is attached
Baseline observations recorded	<input type="checkbox"/> OK <input type="checkbox"/> NO	Observe and record temperature, pulse, respirations, blood pressure, and any rashes
Administer premedication if ordered	<input type="checkbox"/> OK <input type="checkbox"/> NO	Administer premedication
Appropriate to transfuse the patient at this time	<input type="checkbox"/> OK <input type="checkbox"/> NO	Consult senior nurse/medical officer
2 Blood component collection	Outcome	If 'NO' complete the following action
Collect pack only when ready to start transfusion	<input type="checkbox"/> OK <input type="checkbox"/> NO	Leave pack in appropriate storage until ready to start transfusion
Documented patient identification, component type and special requirements details are present	<input type="checkbox"/> OK <input type="checkbox"/> NO	Take documented patient identification, component type and special requirements details to collect pack
Collect the prescribed blood component	<input type="checkbox"/> OK <input type="checkbox"/> NO	Obtain the prescribed blood component from Transfusion Service Provider/blood fridge/pneumatic tube
Check special requirements (if any) on the prescription have been met	<input type="checkbox"/> OK <input type="checkbox"/> NO	Do not proceed and contact Transfusion Service Provider
Check documented patient details and compatibility label attached to pack are identical	<input type="checkbox"/> OK <input type="checkbox"/> NO	Do not proceed and contact Transfusion Service Provider

3 Patient, prescription and pack check	Outcome	If 'NO' complete the following action
Inspect pack for: <ul style="list-style-type: none"> Leaks or splits Clots, discolouration, cloudiness Expiry date and time 	<input type="checkbox"/> OK <input type="checkbox"/> NO	Do not proceed and contact Transfusion Service Provider Note: Fresh frozen plasma (FFP) and cryoprecipitate will have two expiry dates; one when frozen and another date once thawed. Use the date that expires first.
Identical patient, component and compatibility labels: <ul style="list-style-type: none"> Patient first and family names Patient DOB Patient MRN/URN ABO blood group compatibility Blood donation number 	<input type="checkbox"/> OK <input type="checkbox"/> NO	Involve the patient, if possible. If any discrepancies arise, do not proceed and contact Transfusion Service Provider or senior nurse or medical officer.
Identical patient and prescription: <ul style="list-style-type: none"> Patient first and family names Patient DOB Patient MRN/URN 	<input type="checkbox"/> OK <input type="checkbox"/> NO	Do not proceed and contact Transfusion Service Provider or senior nurse or medical officer
Identical prescription, component and compatibility labels: <ul style="list-style-type: none"> Patient first and family names Patient DOB Patient MRN/URN Component type Special requirements met (if any) 	<input type="checkbox"/> OK <input type="checkbox"/> NO	Do not proceed and contact Transfusion Service Provider or senior nurse or medical officer
All above checks were performed uninterrupted by two independent checkers and have been documented. Both must compare and confirm this is the right pack for the right patient.	<input type="checkbox"/> OK <input type="checkbox"/> NO	Do not proceed and perform all above checks again and document

4 Blood component administration	Outcome	If 'NO' complete the following action
Blood component administration to be started by a person who has completed all checks	<input type="checkbox"/> OK <input type="checkbox"/> NO	Do not proceed and perform all checks before starting administration
Start component as soon as possible and within 30 minutes of leaving controlled temperature storage	<input type="checkbox"/> OK <input type="checkbox"/> NO	If transfusion is proceeding, the component should be completed within 4 hours of being removed from approved storage. If transfusion is not proceeding, contact Transfusion Service Provider.
Patient vital signs monitored throughout the transfusion	<input type="checkbox"/> OK <input type="checkbox"/> NO	Monitor and record patient temperature, pulse, respirations, blood pressure, and any rashes. Recognise, respond to and report any adverse events.
Administer component as per prescription specific infusion rates	<input type="checkbox"/> OK <input type="checkbox"/> NO	Confirm blood component specific infusion rates with prescriber. For stable patients start slowly and usually administer: <ul style="list-style-type: none"> Red cells: 2–3 hours per pack Platelets: 30 minutes per pack FFP: 30 minutes per pack Cryoprecipitate: 30–60 minutes per dose
Transfusion completed within 4 hours and/or prior to component expiry	<input type="checkbox"/> OK <input type="checkbox"/> NO	Consult senior nurse/medical officer if transfusion likely to take over 4 hours

5 Post-transfusion processes	Outcome	If 'NO' complete the following action
Ensure patient has received all the prescribed component	<input type="checkbox"/> OK <input type="checkbox"/> NO	Consider clearing IV line with minimum volume of 0.9% sodium chloride solution (normal saline). Exercise caution in at-risk patients, i.e. neonates, infants, patients at risk of circulatory overload.
Monitor patient as required post-transfusion	<input type="checkbox"/> OK <input type="checkbox"/> NO	Monitor patient according to local protocols and clinical indications post-transfusion
Dispose of blood component pack safely if transfusion uneventful	<input type="checkbox"/> OK <input type="checkbox"/> NO	Dispose of blood component pack as per local health service protocols
Complete documentation: <ul style="list-style-type: none"> Start and finish dates and times Blood donation number Transfusion observations and outcomes in patient records (electronic/paper) 	<input type="checkbox"/> OK <input type="checkbox"/> NO	Complete all relevant documentation