Australian Red Cross Lifeblood

# Blood Product Administration Checklist

## Familiarise yourself

**Patient**

The ID band attached to your patient

**Prescription**

An electronic or handwritten form completed by the prescribing physician

**Product**

Fractionated blood products such as albumin, coagulation factors and immunoglobulins

## 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.

Products are not interchangeable. Patients must receive the **specific named product** at the **specified concentration** and **route of administration**. Always check individual product information.

## Ensure each outcome is OK before proceeding

| 1 Preparation for administration | Outcome | If 'NO' complete the following action |
|---|---|---|
| Staff and equipment are available | ☐ OK ☐ NO | Ensure these are sufficient and administration is being performed in a clinical area |
| Informed consent discussion has occurred and is documented | ☐ OK ☐ NO | Confirm that the patient understands the procedure and consent has been obtained |
| Prescription is valid | ☐ OK ☐ NO | Obtain valid prescription |
| IV access is patent where applicable | ☐ OK ☐ NO | Ensure IV access is patent and sufficient |
| Patient ID band is attached and correct – ask the patient or carer if possible | ☐ OK ☐ NO | Ensure correct patient ID band is attached |
| Baseline observations recorded for administration of IVIg and albumin | ☐ OK ☐ NO | Observe and record temperature, pulse, respirations, blood pressure, and any rashes |
| Administer premedication if ordered | ☐ OK ☐ NO | Administer premedication |
| Appropriate to administer product at this time | ☐ OK ☐ NO | Consult senior nurse/medical officer |

| 2 Blood product collection | Outcome | If 'NO' complete the following action |
|---|---|---|
| Documented patient identification and product details are present | ☐ OK ☐ NO | Take documented patient identification and product details to collect product |
| Collect the prescribed blood product | ☐ OK ☐ NO | Obtain the prescribed blood product from Transfusion Service Provider/blood fridge/pneumatic tube |
| Removal from storage is documented and products are traceable | ☐ OK ☐ NO | Document removal from storage in the register or electronic system, including time, patient name, product and batch number |
| Product is at appropriate temperature | ☐ OK ☐ NO | Allow product to reach room temperature before administration |

| 3 Patient, prescription and product check | Outcome | If 'NO' complete the following action |
|---|---|---|
| Inspect product for:<br>· Tampering<br>· Sediments, discolouration, cloudiness<br>· Expiry date and time | ☐ OK ☐ NO | Do not proceed and contact Transfusion Service Provider |
| Identical patient and prescription check:<br>· Patient first and family names<br>· Patient DOB<br>· Patient MRN/URN | ☐ OK ☐ 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 prescription and product check:<br>· Product type, brand, strength and dose<br>If dispensed for a named patient check:<br>· Patient first and family names<br>· Patient DOB<br>· Patient MRN/URN | ☐ OK ☐ NO | Products are not interchangeable. Patient must receive specified brand name and strength product. If there is a discrepancy, do not proceed and contact Transfusion Service Provider or senior nurse or medical officer. |
| Reconstitution if applicable:<br>· Read and follow the product information<br>· Use equipment and diluent provided<br>· Use filters provided<br>· Ensure product is fully dissolved | ☐ OK ☐ NO | Read product information for reconstitution advice |
| 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. | ☐ OK ☐ NO | Do not proceed and perform all above checks again and document |

| 4 Blood product administration | Outcome | If 'NO' complete the following action |
|---|---|---|
| Blood product administration to be started by a person who has completed all checks | ☐ OK ☐ NO | Do not proceed and perform all checks before starting administration |
| Patient vital signs monitored as per product information | ☐ OK ☐ NO | Monitor and record patient temperature, pulse, respirations, blood pressure, and any rashes. Recognise, respond to and report any adverse events. |
| Administer product correctly as per prescription/product specific infusion rates, route using aseptic technique | ☐ OK ☐ NO | Confirm blood product specific infusion rates with prescription and product information. Check correct route is being used – IV bolus, IV infusion, subcutaneous or IM. Start IVIg infusions slowly and increase the rate as prescribed and tolerated by the patient. |

| 5 Post-administration processes | Outcome | If 'NO' complete the following action |
|---|---|---|
| Ensure patient has received all the prescribed product | ☐ OK ☐ NO | For IV infusions, 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-infusion | ☐ OK ☐ NO | Monitor patient according to local protocols and clinical indications post-infusion |
| Dispose of blood product safely if infusion uneventful | ☐ OK ☐ NO | Dispose of product as per local health service protocols. Place completed bottles/vials in medical waste bin. Do not recycle glass bottles. |
| Complete documentation:<br>· Start and finish dates and times<br>· Batch number<br>· Observations and outcomes in patient records (electronic/paper) | ☐ OK ☐ NO | Complete all relevant documentation |


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