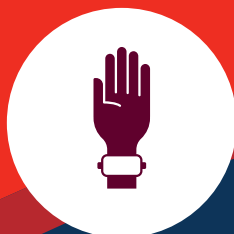


Blood Product Administration Checklist

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	<input type="checkbox"/> OK <input type="checkbox"/> NO	Ensure these are sufficient and administration 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 where applicable	<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 for administration of IVIg and albumin	<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 administer product at this time	<input type="checkbox"/> OK <input type="checkbox"/> 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	<input type="checkbox"/> OK <input type="checkbox"/> NO	Take documented patient identification and product details to collect product
Collect the prescribed blood product	<input type="checkbox"/> OK <input type="checkbox"/> NO	Obtain the prescribed blood product from Transfusion Service Provider/blood fridge/pneumatic tube
Removal from storage is documented and products are traceable	<input type="checkbox"/> OK <input type="checkbox"/> NO	Document removal from storage in the register or electronic system, including time, patient name, product and batch number
Product is at appropriate temperature	<input type="checkbox"/> OK <input type="checkbox"/> 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: <ul style="list-style-type: none"> • Tampering • Sediments, discolouration, cloudiness • Expiry date and time 	<input type="checkbox"/> OK <input type="checkbox"/> NO	Do not proceed and contact Transfusion Service Provider
Identical patient and prescription check: <ul style="list-style-type: none"> • Patient first and family names • Patient DOB • Patient MRN/URN 	<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 prescription and product check: <ul style="list-style-type: none"> • Product type, brand, strength and dose If dispensed for a named patient check: <ul style="list-style-type: none"> • Patient first and family names • Patient DOB • Patient MRN/URN 	<input type="checkbox"/> OK <input type="checkbox"/> 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: <ul style="list-style-type: none"> • Read and follow the product information • Use equipment and diluent provided • Use filters provided • Ensure product is fully dissolved 	<input type="checkbox"/> OK <input type="checkbox"/> 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.	<input type="checkbox"/> OK <input type="checkbox"/> 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	<input type="checkbox"/> OK <input type="checkbox"/> NO	Do not proceed and perform all checks before starting administration
Patient vital signs monitored as per product information	<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 product correctly as per prescription/product specific infusion rates, route using aseptic technique	<input type="checkbox"/> OK <input type="checkbox"/> 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	<input type="checkbox"/> OK <input type="checkbox"/> 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	<input type="checkbox"/> OK <input type="checkbox"/> NO	Monitor patient according to local protocols and clinical indications post-infusion
Dispose of blood product safely if infusion uneventful	<input type="checkbox"/> OK <input type="checkbox"/> 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: <ul style="list-style-type: none"> • Start and finish dates and times • Batch number • Observations and outcomes in patient records (electronic/paper) 	<input type="checkbox"/> OK <input type="checkbox"/> NO	Complete all relevant documentation