

NURSING DOCUMENTATION

- We have checked this tag with the component label and the patient's wristbands and all information agrees
- We have educated the patient about the symptoms of a transfusion reaction or *the physician has documented that a medical emergency exists, and the patient is unable to consent and legal authorization is unavailable.*
- We have a signed blood consent.
- Check here if signatures are present, blood administration times and vital signs are documented

Transfusionist Signature	Printed name of Transfusionist
Witness Signature	Printed name of Witness

Pre-transfusion vital signs: B/P: _____ Temp: _____ Pulse: _____ Resp: _____ By: _____

Transfusion Started: Date _____ Time _____ Initial _____

Vital signs after 15-30 mLs transfused B/P: _____ Temp: _____ Pulse: _____ Resp: _____ By: _____
(Exception for Pediatrics and NICU: 10 minutes Vital Signs taken)

Transfusion Time Stopped : Date _____ Time _____ Initial _____
(All blood not to exceed 4 hours)

Post- transfusion Vital Signs: B/P: _____ Temp: _____ Pulse: _____ Resp: _____ By: _____

Blood transfusion reaction: yes no If yes, document in Medical Record

For OR Use only: Place the sticker below

